

# Chemist & Druggist

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NOVEMBER 5 1977

THE NEWSWEEKLY FOR PHARMACY

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5623

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# Chemist & Druggist

The newswweekly for pharmacy

5 November 1977 Vol. 208 No. 5091

119th year of publication

ISSN 0009-3033

Editor Ronald E. Salmon, MPS

Advertisement Manager Peter Nicholls, JP

Director Arthur Wright, FPS, DBA

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### Published Saturdays by Benn Publications Ltd

25 New Street Square, London EC4A 3JA (01-353 3212)

### Editorial and Advertisement Offices

25 New Street Square, London EC4A 3JA (01-353 3212)

Telex 27844

### Regional Advertisement Offices

Midlands 240-244 Stratford Road, Shirley, Solihull, West

Midlands B90 3AE (021-744 4427)

North East Permanent House, The Headrow, Leeds LS1 8DF  
(0532 452841)

Scottish 74 Drymen Road, Bearsden, Glasgow (041-942 2315)

North West 491 Chester Road, Old Trafford, Manchester

M16 9HF (061-872 5151)

West Country and South Wales 10 Badminton Road, Downend,  
Bristol BS16 6BQ (0272 564827)

Subscription Department 125 High Street, Colliers Wood,  
London SW19 2JN. Telephone 01-542 8575

Subscription Home £22 per annum. Overseas  
£24 per annum. 50p per copy (postage extra)



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# Comment

## Wrong reason

Medical practitioners are to receive a letter from the Department of Health encouraging them to cut the NHS drugs bill by reducing prescribing, part of the exercise being designed to lower the patient's expectation of a prescription on every visit to the surgery (p684). The letter, it is understood, will have the backing of the British Medical Association and the negotiating body, the General Medical Services Committee.

So far, none of the parties is prepared to disclose anything of the letter's proposed content, but if the motivation is as suggested by the "leaks" it is the wrong way round—saving money should be the result of more objective prescribing, not the reason for it. Drug costs should be considered always in the context of total costs: the most expensive drug may be viewed as a bargain in national economy terms if it keeps someone out of hospital or in productive work. So far the "education" of doctors by the Department seems always to have been devised with the thought that "cheap is beautiful". But "cheap" is also relative.

Elimination of wasteful prescribing—dangerous prescribing in the opinion of pharmacists and many others—should surely be the primary objective of not only the Department but of the professions themselves. Clearly patients need re-educating about their demand for medicines, as does a large section of the medical profession in the extent to which it submits to that demand. But there is another cause of "over-prescribing", described succinctly by Professor Peter Parish at the recent Irish Pharmaceutical Congress: "Too often a prescription is issued to terminate a consultation, as an act of disengagement rather than as a translation between physician and patient which indicates that treatment is to continue." Educating the patient not to expect a prescription will certainly help here, but the alternative "disengagement" demands time the doctor may not always have available.

## Cosmetics safety

The cosmetics and toiletries industry has been patiently waiting for several months to hear what safety Regulations are to be imposed on its products. At last the draft proposals are being circulated by the Department of Prices and Consumer Protection and it is hoped that, after keeping manufacturers waiting so long, the Regulations will give the industry adequate time to put the requirements into practice.

The proposed Regulations still leave one or two issues in doubt. For example, labels will have to state the product's shelf life if the stability is less than three years, but there is no clear definition of stability. Such labelling is obviously necessary if a product becomes frankly dangerous after three years' storage, but is surely superfluous for, say, a moisturising cream which merely changes colour with time.

Another area which could cause problems is the list of compounds which must not be used in cosmetics. Analytical methods are now so sensitive that some of the substances such as lead compounds, often present in the atmosphere, may be detected in the products concerned. It would have been more realistic for the Regulations to require that such compounds should not be *added* to rather than *found in* cosmetics and toiletry products.



# Free FP10 ovulation thermometers in April

Special thermometers, for use by women who have been advised by their general practitioner to use the rhythm method of contraception, are to be introduced into Part VI of the Drug Tariff. They would be available free of charge on FP10 from April 1978.

The Pharmaceutical Services Negotiating Committee received the letter from the Department of Health at its meeting last month. The letter also confirmed that the thermometers would be available through wholesalers and that booklets of temperature charts would be supplied to doctors for issue to patients.

The Committee was also informed that agreement in principle had been reached between the Department and the General Medical Services Committee for the inclusion of occlusive caps (Vimule, Hollowrim and Dumas) and the Ortho Gyne T in the Drug Tariff, although the Department was unable to indicate a date for inclusion.

Representations to the Department are to be made that the 5x10 sq cm pack of sterile gauze swabs be available on FP10 and that the pharmacist's endorsement be accepted by the Prescription Pricing Authority for supply of a complete strip of blister pack where this constituted a complete course of treatment.

The Committee is seeking an early meeting with the Secretary for Social Services after deciding on the approach to be made in order to implement the decisions taken at the LPC conference regarding the introduction of a differential scale of oncost and the Committee's claim for an increase in the profit margin.

PSNC chairman, Mr R. Worby, and chief executive, Mr A. J. Smith, have been recommended for appointment to the Pharmaceutical Advisory Committee of the Central Health Services Council. It was reported that the Clothier Committee would be meeting on November 4.

## PSNC elections

The resolution passed at the Local Pharmaceutical Committee representatives conference (*C&D*, October 8, p513) calling upon the National Pharmaceutical Association to name its representatives to PSNC in advance of the closing date for nomination of candidates has been forwarded to NPA. The Committee agreed that when the PSNC elections take place in 1978 provision should be made for the inclusion of policy statements from nominated pharmacists with the voting papers, up to 500 words.

The Committee considered a discussion document on the establishment and the effect on the provision of a pharmaceutical service throughout England and Wales of part-time pharmacies. It was agreed that further discussions should take place with representatives of the Council of the Pharmaceutical Society, the National Pharmaceutical Association and the Company Chemists Association.

The Committee considered what evidence should be submitted to the Department of Health on the setting up of a joint DHSS/NHS working group to study supply activities in the NHS. The working group would be examining arrangements for NHS supplies other than those made under the Family Practitioner Committees and would, therefore, be applicable to the hospital services rather than the general practitioner services. The Pharmaceutical Society had made representations to the Department concerning pharmaceutical representation on this Supply Board and it was agreed that the Department be informed that the PSNC supported those representations.

## Safety regulations for cosmetic products

A draft of the proposed safety Regulations for cosmetic products has been circulated to interested parties. The Regulations (which do not apply to medicinal products) will require that cosmetic products in normal use should not be harmful to health. But they take into account that many commonly used substances are capable of producing allergic reactions in some people and distinguish these from strong sensitisers which could affect the majority of users.

The Department of Prices and Consumer Protection says that comparatively few complaints are received about cosmetic and toiletry preparations and there are therefore no grounds for substantial concern. This, they say, reflects the care already exercised by responsible manufacturers. The Regulations, which are to be made under the European Communities Act 1972 and the Consumer Protection Act 1961, will harmonise the laws relating to the safety of cosmetic products throughout the member countries, by implementing the EEC Directive of July 27, 1976, relating to cosmetics. The Regulations will be made as soon as possible after consultations are completed probably by the end of January 1978.

The Regulations provide for the

cosmetic product to be labelled with the name and address of the manufacturer or person responsible for marketing the product, the expiry date for products with stability of less than three years and the batch number. Special labelling requirements for *p*-phenylenediamine and its salts where used as hair dyes are that the label must say that the products can cause an allergic reaction, a sensitivity test is advisable before use and that they are not to be used to dye eyelashes and eyebrows.

Lists are given of substances which must not be used in cosmetic products and those which may only be used under specific conditions or limits.

## Doctors to help cut drugs bill

In an attempt to reduce the drugs bill, the Department of Health is considering sending out a letter jointly with the British Medical Association to all general practitioners suggesting ways in which the prescribing could be cut down. The BMA thought that the whole profession should be involved but have agreed that the letter is to be sent only to GPs.

The letter, according to the BMA, would try to show GPs how to reduce their patients' expectations that they should either receive a drug as a result of their visit to the surgery or continue taking one already prescribed. The BMA said that doctors should possibly point out the side effects of drugs and that it would be an exercise in patient education.

The Department of Health could not comment on the contents of the letter or when it would be sent out.

## Public think it wrong to expect medicines

In a survey carried out in Scotland for the *Glasgow Herald*, almost one third of the people interviewed were worried about the safety of medicines prescribed by doctors. They felt that medicines should only be prescribed when really necessary and 56 per cent thought people should not expect to be given medicine when they visit their doctor.

The paper carried a 3-day series on the growing use of tranquillisers and anti-depressants. The series "A national overdose", looked at some of the reasons why women took tranquillisers and found that it was not necessarily the pressures of modern life but loneliness that was the biggest factor.

## Net loss 26 pharmacies in September

A net total of 26 pharmacies were deleted from the Pharmaceutical Society Register during September. In England 26 closed down and 7 opened up, three and two respectively in London. In Scotland six closed down and one opened up and in Wales two closed down.



# NHS share continues to rise

National Health Service dispensing as a proportion of chemists' turnover is still increasing. Although the July to August proportion fell compared to the previous period—May to June—it gained significantly over July to August last year, continuing the trend.

The latest *Retailer Bulletin* from A. C. Nielsen Co Ltd, shows that during July to August NHS dispensing accounted for 46.7 per cent (42.7 per cent last year) of multiples and Co-operatives' (excluding Boots) total turnover; 58.2 per cent (54.6 per cent) of large independents' and 57.7 per cent (54.3 per cent) of small independents' turnover. The average numbers of prescriptions dispensed during June and July were: multiples and Co-ops 2,917 and 2,111 respectively (2,081; 2,079 last year); large independents 2,909 and 2,920 (3,024; 2,890); small independents 1,381 and 1,355 (1,383; 1,367).

Multiples and Co-ops decreased their share of the total sterling volume during July to August, to the gain of large independents. The volume was £168,527,000 compared to £146,005,000 last year and the shares were: multiples and Co-ops 13.5 per cent (13.8 per cent last year); large independents 58.9 per cent (58.4 per cent); small independents 27.6 per cent (27.8 per cent). The average weekly cash takings per shop were: multiples and Co-ops £920, a gain of 6 per cent on the year (£871 last year); large independents £902, 7 per cent up (£843); small independents £337, 6 per cent up (£317). The total Great Britain average was £623, 6 per cent up (£505). Average NHS receipts per shop showed multiples and Co-ops to have decreased by 10 per cent on the May to June period while the independents remained fairly static. On the year all groups gained: multiples and Co-ops £867, up 24 per cent (£700); large independents £1,291, up 24 per cent (£1,041); small independents £621, up 26 per cent (£492). The total Great Britain average was £950, up 25 per cent (£758).

## Don't change VAT scheme without cause

Retain the VAT special scheme you have unless there is a particular advantage in changing to another, is the advice from Mr T. P. Astill, deputy secretary, National Pharmaceutical Association, following the revision of the special schemes becom-



## Unichem's Preston branch moves to new building

Unichem's Preston branch has moved from its old nineteenth-century four-storey building in Bow Lane, to modern, purpose-built premises, providing 44,000 sq ft of office and warehouse accom-

modation, in Marsh Lane. Recently 250 pharmacists and their staffs attended the branch's first "At home" escorted over the new premises by Mr Joe Harris, the branch manager.

ing effective January 1, 1978 (*C&D*, October 22, p605).

Mr Astill was part of the National Chamber of Trade delegation which was consulted by HM Customs and Excise when considering the revision. Consequently, he welcomed the changes but pointed out that if a retailer has chosen a scheme and record keeping system to suit his business, there is little point in changing it unless there is a particular advantage. However some retailers may have been excluded from some schemes until now because of turnover limits or proportion of zero rate transactions. The revisions may now allow him to use them should they be preferable. Notice 727 has been revised and is being distributed, with supplements, to retailers already using one of the schemes in the 1975 edition. Copies may be obtained from any HM Customs and Excise local VAT office.

## Child's fatal overdose from old Nepenthe

A four-year-old girl died from a morphine overdose after being given a dose of Nepenthe, an inquest has been told. The doctor had prescribed a dose intended to contain 2mg morphine in 5ml but the Nepenthe had been manufactured 11 years ago and instead of containing 0.84 per cent total morphine had 4.7 per cent.

A spokesman for Evans Medical Ltd said at the inquest that the most likely cause of concentration was evaporation in fluctuating temperatures over a long period because of a lightly-screwed top.

At the inquest the pharmacist said that the doctor had asked for the prescription back after the girl had died in order to make a copy for the coroner and when it was returned to him it had been altered. The doctor maintained that the alterations were made at time of writing as he realised he should give a 5ml rather than a 2.5ml dose. The pharmacist said he diluted 2.5ml Nepenthe to 5ml with syrup, but having told the doctor over the phone the

constituents of Nepenthe he did not himself check that 2.5ml would contain 2mg morphine.

A verdict of poisoning by morphine, accidentally taken, was returned. The coroner said that manufacturers should advise chemists to check the strength of their Nepenthe if they had had it in stock for some time.

## Lords confirm Beecham amoxycillin rights

The House of Lords has confirmed that Bristol Laboratories International is not licensed to manufacture and market Beecham's amoxycillin under a 1959 agreement between the two companies. The decision was unanimous.

The ruling applies to the majority of countries in the world, except the UK and certain Commonwealth countries where Bristol Laboratories International—a subsidiary of Bristol-Myers—were never licensed to market Beecham semi-synthetic penicillins, and the US and Canada where a separate agreement applies.

The House of Lords decision—which ends an action that began four years ago—upholds two earlier judgments in the UK High Court and the Court of Appeal that Bristol have no rights to manufacture and sell amoxycillin under the relevant 1959 agreement. In practical terms it means that Bristol's entitlement is restricted to ampicillin and certain other semi-synthetic penicillins, excluding amoxycillin.

Beecham say the House of Lords judgment is important for a number of countries including Belgium, France, Germany, Japan and South Africa where Bristol is currently marketing amoxycillin and where Beecham has taken legal action to prevent an infringement of its patent.

Beecham has also begun litigation against Bristol-Myers in both Canada and the United States in respect of Bristol's alleged infringement of Beecham's amoxycillin patents.



# Letters

## Mis-quoted by the ill-informed?

I am extremely flattered and flabbergasted that of all the speakers at the Local Pharmaceutical Committees conference on October 2 I should have been singled out for special mention by Mr Baumber. Flattered that he should consider me an orator, flabbergasted that he feels I have an arrogant way with words. Indeed, I simply cannot bring myself to use the words he uses—as my prudish tongue could not form the letters. Alas his particular blend of friction and fiction relies altogether too much on his imagination for his facts.

It is not good enough, he states, for me to conclude after my seven years on PSNC that there is only room for us to seek arbitration. The *fact* is I urged that PSNC make a final effort to achieve an immediate and positive guarantee from the Government of a marked increase in profit—all previous efforts having failed. Should the Government not be forthcoming, then we ought to seek arbitration. This principle was agreed virtually unanimously by conference.

Mr Baumber claims I further stated that the only other room left is to become an affiliated trade union. The *truth* is that I asked conference to have the advantages of PSNC becoming registered as an *independent* trade union fully investigated, and for those facts to be fully reported to contractors. Again, this principle was totally accepted by the conference.

### Arbitration in Scotland

Mr Baumber states arbitration for Scotland achieved only 12 per cent return on cost (I imagine he means return on capital invested), whereas in England we already have 16 per cent. Prior to Scotland going to arbitration they were receiving only 10½ per cent—of course, they asked for 30 per cent and I see nothing wrong in that. Due to his inexperience Mr Baumber will not know that an entirely different formula is used for return on capital in Scotland to that used in England. The hard fact is of course that Scottish chemists do get more pence per prescription than their English counterparts.

Mr Baumber claims I advocated saving £0.6m by proposing rejection of the scheme of re-distribution to exclude category one contractors (that is, dispensing the least number of prescriptions). His statement in this instance cannot be excused on the grounds of inexperience—it seems deliberately intended

to deceive. My proposals were exactly in accordance with his stated ideals: that such funds as are available should be distributed equitably and should compensate for inequities—to use his words—so that those chemists whose need is truly greatest and are in the most serious plight would indeed get the greatest benefit. There are altogether too many such chemists in my electoral region who are desperately in need of help and to whom I have an enormous commitment. It is essentially for the smaller chemists that my colleagues on the PSNC and myself are striving so very hard to obtain new money which is indeed the only real solution.

The mischievous claim that I have suggested union-style militancy in order to produce greater sway with the arbitration bodies will be clearly known by all who attended conference to be patently untrue and must arouse great doubts about Mr Baumber's credibility. Indeed, much of his whole fabrication is about as square as a new laid egg.

My re-election to PSNC may not rejuvenate pharmacy. But I do speak the truth, I do research every subject thoroughly, and I do work unceasingly for every worthwhile objective. May I suggest to Mr Baumber that until he learns the score, he can never hope to call the tune.

**Geoff Urwin**

Newcastle upon Tyne

## Conference democracy

Over the years, as a democrat, I have had a personal dislike of conferences in general. The dice is loaded too greatly in favour of the various platform committees or executives. Conferences are usually quite undemocratic; it is doubtful if they achieve anything really positive in the long run; and between conferences executives largely ignore conference decisions.

Over the past few years the PSNC has been guilty on all three counts. This 1977 conference, however, will surely go down in history as having achieved an all-time low in lack of democracy and lack of achievement. To sum up only a few conference points:

1. One or two contributors in the pharmaceutical Press have complimented Mr Worby on his "handling" of the conference. In fact the main talking point was how well or badly the PSNC had "handled" the conference prior to its being held.
2. The agenda was changed *in toto* without asking the permission of conference delegates, permission which would have been granted—with conditions—the PSNC having left it too late to do otherwise.
3. A new agenda, unwritten, which could only generate and guarantee confusion.
4. Reference that this was or could be a "chairman's nightmare" is merely typical pharmacy bureaucratic thinking. The remedy had always been under the control of the PSNC. It never crossed their minds that they had ensured it was to be a "delegates' nightmare".

5. Delegate or representative: I much prefer the former until we at least have computerised talking postcards. Local Pharmaceutical Committees throughout the country had held committee and contractors' meetings, which generally ended in taking a vote. Why vote if they were not selected as delegates?

6. Fatuous remarks were made on the actual cost of holding the conference. The real and only concern of Mr Worby should have been: were the delegates to be given a reasonable opportunity of obtaining value for money? The general answer was "no" anyway, it was their own money which was being spent.

### Remarkable resolution

7. Mr Worby had intimated several times in advance that his "opening remarks" as chairman would only be confined to *résumé*, the real business of resolution and policymaking would be left entirely to the conference. In fact the first PSNC alleged "composite" resolution on differential on-cost was actually proposed by Mr Worby and was seconded by Barking and Havering LPC (of which Mr Worby is secretary). This was indeed quite remarkable as Barking and Havering did not have a resolution or amendment in the original agenda.

8. Mr Worby at the conference had promised that items on the original agenda, and not discussed in the major composite PSNC resolutions, would be put to the conference later. Many were. However, the City and East London resolution rejecting the NHS cuts, especially the £11m, was ignored and not put for discussion and decision.

Eventually, out of this chaos, the conference decided that on differential on-cost the PSNC should "go back" to the Minister and negotiate for more public money (in my opinion more or all of our £11m cut) in order to decrease the burden on the larger chemists and to increase to a viable level the profit margins of those essential contractors who were dispensing the smallest number of NHS prescriptions. What was not discussed, and should have been, were the steps the delegates wished PSNC to take if Mr Ennals refused this urgent and necessary demand. I doubt if Mr Ennals would agree to arbitration and even if he did so, I would further doubt whether arbitration alone would give a positive and satisfactory answer. A final decision on this will have to be reached long before the problem of the 1976 claim reaches a climax.

Great stress was also made by some of the leadership that "sanctions" could only be effective if carried out 100 per cent by the contractors should the occasion arise. This in the early stages would be poor tactics and is rubbish!

I had waited until Mr Healey's budget before writing this letter. Space does not permit a full statement on this except to

*Continued on p688*



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# Letters

Continued from p686

say that although opportunities are now available for making improvements in certain areas of public services which have been run down to unacceptable levels—apart from £20m to the NHS Mr Healey's budget did nothing in this respect.

On small businesses he ignored existing businesses and favoured new companies. The main burden facing general practice pharmacy at present is concerned with the day-to-day running of existing pharmacies and how to keep them open. This was totally ignored. Finally Mr Healey has intimated that this polarisation of income tax cuts versus public services increases would also be the pattern for his April budget. There is room for both.

Are we going to stand idly by and once more watch general practice pharmacy's financial demands being put to the end of the queue? The decision is in your hands and demands your active involvement also.

**George Baxter**  
Chairman ASTMS  
GP Pharmacy section  
London E13

## Waste of postage

I have just received notification from the International Chemical Co that their prices are to be increased and inviting me to buy before the increase takes place.

No wonder their prices have to go up when I receive not one, but four of these communications—all exactly the same. Two were addressed to me and two to the pharmacist from whom I purchased the shop 12 years ago: All of course, have first class postage.

Is this inefficiency and waste taken into consideration by the Price Commission when price rises are requested? It would seem to me that most price rises are nodded through without any investigation whatsoever.

**N. J. Hand**  
Poole, Dorset

## A hot potato

Mr Urwin's great leap for pharmacy (*C&D* October 22) causes me a little concern. I am worried about the fellow travellers this resolution could bring in its wake. In fact I am surprised that a topical leaper has not yet written in to claim that it was all his idea in the first place. I am, of course, referring to that socialist-capitalist

leap-frogger, Stanley Blum. In fact, unlike Mr Urwin, he has been strangely quiet of late, although I believe one of his cohorts was in full song at conference.

Mr Urwin's resolution leaves a lot of questions unanswered. Who in fact would be registered as a trade union? Would I, as a single handed contractor, sign up or would PSNC sign on my behalf? Or would PSNC only be registered? Would we be required to take sanctions to support another union, that is, APEX or Grunwick? Ridiculous as it may seem we could end up by some pharmacists picketing our colleagues because they deal with Grunwick.

I feel that the Northumberland and North Tyneside Local Pharmaceutical Committees have landed PSNC with a hot potato which must be handled with caution. Great care must be taken that this great leap forward for pharmacy does not end up by all of us falling flat on our faces.

**Jim Anderson**  
Newcastle upon Tyne

## Tribute to Frank Hepburn

I would like to pay tribute to the late Frank Hepburn (*C&D*, October 29, p653).

Frank Hepburn's contribution to Scottish pharmacy was outstanding. His greatest contribution was undoubtedly to the Pharmaceutical General Council and to its standing committee. He had an extraordinarily swift mathematical mind which for years influenced the Scottish NHS negotiations and during the period when chairman of these bodies he proved to be an exceptional debater. When the time came for Frank to be replaced as chairman, on the rotation basis, the late R. G. Forrest of the Scottish Home and Health Department, told me that Scottish pharmacy must be crazy to discard such an able negotiator.

When the Council of the Society decided to draw up a scale of fees it was Frank who produced the original discussion paper. His contribution to that committee was of course outstanding.

**John B. Grosset**  
Edinburgh

## Small firms subsidy

The Small Firms Employment Subsidy is to be extended by three months, to March 31, 1978. Under the scheme, which started on July 1, small firms in the special development areas of the North East, North West and parts of Wales can claim £20 a week for each extra job they provide. So far 1,073 applications have been approved which it is estimated have created over 1,600 jobs. A firm qualifies for the subsidy if it is an independent business and was employing fewer than 50 workers on March 29, 1977. Payments will be made for up to 26 weeks but the subsidy will be halved if the job is for 21 hours or more but less than 35 hours a week.

## FPA changes advice on 'back-up' contraception

The Family Planning Association has changed its advice on additional contraceptive precautions to be taken by women starting the "pill" and changing from one "pill" to another. This is a result of several studies including one by I. Nancy Loudon (*C&D*, August 27, p265). The advice now is: when starting the "pill" for the first time, women should start the course on the first day of bleeding, not the fifth as previously advised. No additional precautions need to be taken; when changing from one oral contraceptive to another, women should finish the course of the old "pill" and immediately start the new course, without waiting for withdrawal bleeding. Again no additional measures need be taken. However there is no change in the advice given to women taking progestogen-only preparations.

The FPA says that at present it costs the National Health Service £0.50 to £1 to supply each woman with the necessary condoms and pessaries and the new advice will effect a considerable saving.

## Ombudsman blames DHSS on vaccination issue

The Department of Health should have recognised earlier the need to tell parents about possible adverse reactions to whooping cough vaccination. This is the comment of the Ombudsman, Sir Idwal Pugh in his sixth report for the session 1976-77. He was investigating a complaint by the Association of Parents of Vaccine Damaged Children that neither parents nor doctors were made fully aware of the contraindications or the adverse reactions to the whooping cough vaccine.

Sir Idwal Pugh made no general criticism of the steps taken by the Department of Health to inform doctors of the dangers. But he said that although doctors had the responsibility for advising parents of the benefits and risks of vaccination, government departments should accept a large measure of responsibility for providing general health information to the public.

## Co-ops concerned about profit erosions

Concern at the erosion of profit margins as cut-price competition and lethargy of the economy took their toll, was expressed at the recent annual conference of the National Association of Co-operative Superintendent Chemists and Opticians, held at Kenilworth.

Opening the conference, the Association's president, Mr G. T. Clark, said that however prominent the commercial side of pharmacy seemed, the pharmacist received over 50 per cent of his turnover from professional activities and had to be seen at all times as a professional by members of the public.



# People

**Mr Jack Wright**, Kodak dealer sales senior representative, retired recently after 46 years service. Mr Wright has covered the Glasgow and West of Scotland area for 29 years and has spent his whole working life with the company.

## Deaths

**Apps:** Recently, Mr S. Apps, who had been representative in Essex and East London for Columbia Products Co Ltd for some years.

# News in brief

□ Supplementary list 17 of Recommended International Nonproprietary Names (Rec. INN) has been published by the World Health Organisation.

□ The number of applications to the University Central Council on Admissions for courses in pharmacy is little changed from the same period last year although only about one fifth of the expected total number of candidates have so far applied.

□ The world Health Organisation has drawn up a list of 200 drugs which they consider essential in that they are "of the utmost importance, are basic, indispensable and necessary for the health needs of the population".

□ The prices at which children's vitamin drops and vitamin tablets may be bought by expectant and nursing mothers have been increased to £0.09 and £0.17 respectively, from November 14, under the Welfare Food (Amendment no 2) Order 1977 (S1 1977 no 1620, HM Stationery Office, £0.10).

□ Two Glaxo fellowships for West German science writers have been awarded to Mr Dieter Volk, editor of "Medicine Technology" and to Mr Gunter Kunz, TV science programme editor for NDR Hamburg. This is the first year that the fellowships have been awarded simultaneously throughout the EEC, two being awarded in each country to £18,000.

□ Credit Control for a Small Manufacturer is a free booklet published by the Department of Industry, and is one of a series intended to guide owners and managers of small businesses to sources of information and advice. It provides guidance on documentation, credit limits, references, dishonoured cheques, accounts collection, insolvency and legal action. From Department of Industry, Small Firms Division, Abell House, John Islip Street, London SW1P 4LN.

# Topical reflections

BY XRAYSER

## Pictures

I found in a drawer the other day—or perhaps I should say I discovered, for it must have been there for many years—a camera viewfinder. The strange thing about it is that the camera it originally graced has long since vanished, though some of the work it did has survived the passage of time. And in case you are wondering how the viewfinder could have survived, I hasten to say that it was detachable and not counter-sunk as such an essential accessory came to be in later years.

It is a small article and since, in order to see the "view," the camera had to be held at waist-level, the user must, of necessity, have had good eyesight. The camera itself used a film which was catalogued as a 117, and it took six pictures of 2½ in square. I can only conclude that the instrument itself was eventually consigned to the dustbin, or perhaps handed on to a beginner who was then embarked on the slippery slope, for the camera itself was virtually indestructible. It withstood knocks, falls and sand on the beach, and it was only one of many such which continued to give pleasure over a long period of time. They came out of the cupboard on bank holidays and summer weekends.

It is not very long since, on a special local occasion, three such instruments were handed in to be loaded and I found myself the only member of staff who knew what to do about it. These thoughts were prompted by the finding of the viewfinder and "developed", if I may use the word in such a connection, by your photographic notices on p656, where I learn the reason for the almost complete disappearance of the type of camera I have been discussing.

The box camera had few of the refinements listed there—no electric eye or electronic shutter for automatic exposure control; no built-in flash-cube holder; but it did have a lens and aperture producing clear pictures from three feet to infinity and, on a canvas carrying case, an adjustable neck strap. All these accessories are not new, although one can scarcely imagine the owner of British Patent 2064 illustrated on p649 carrying it around his neck. Something on wheels would seem to be indicated for the J. B. Dancer stereoscopic rarity—though, come to think of it, I have a boxful of photographs which might have been taken by Mr Dancer himself.

## Rationalisation

Pharmacy has travelled some distance since the founding of the National Health Service. At that time, any suggestion of a planned pharmaceutical service was anathema to the negotiating body and to pharmacists themselves. At that time, of course, the health centre was comfortably in the far future and pharmacies, in the urban areas, were located at very short distances from each other and from the centres of population.

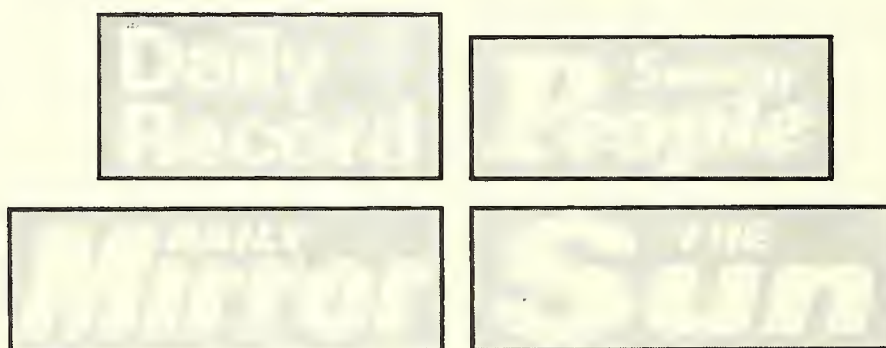
But time does not stand still and massive depopulation and re-development, with totally different patterns of housing, plus the altered system of medical practice resulting in a grouping of doctors sometimes remote from what has been the living centre, has meant that there is need to plan for the future. Pharmacy has been aware of the problem for some time, but planning must take account of the circumstances of the area and be the result of collaboration of all the services.

Obviously, the Government is more than an interested party. Independence and independent action have not provided the distribution necessary. The Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee have done well to indicate their willingness to consult the Minister for Health. The general pattern has not been helped by what might best be described as the "cowboy" development and the ruthless jockeying for position near health centres, regardless of established services.

□ Payments of £22,000 to £56,000 have been awarded in Japan to an initial 35 sufferers of clioquinol-related subacute myelo-optic neuropathy. Two-thirds of the settlement will be provided by Ciba-Geigy (Japan) and Akeda Chemical Industries and one-third by the Japanese government.



# If you want to see how powerful the latest NURODOL campaign is, read the papers this week.



## And every week this year.



We're serious about Nurodol.

So we're following our launch advertising with a fresh campaign that really gets to the heart of the matter.

Our advertisements will be in the Sun, Daily Mirror, Daily Record and Sunday People. Newspapers which between them have an average daily readership of over 38 million. And these advertisements will be appearing every week this year.

We believe support like that shows we mean business. Is your pharmacy ready for the demand that a big press campaign like this is sure to generate?

## Nurodol, From Beecham.

A good product with great support.



# Prescription specialities

## SELEXID tablets

**Manufacturers** Leo Laboratories Ltd, Denmark House, Old Bath Road, Twyford, Reading, Berks

**Description** White film-coated tablets with a lion on one side and "137" on the other, each containing 200mg piv-mecillinam hydrochloride

**Indications** Selexid is active against most Enterobacteriaceae including *E. coli*, *Klebsiella*, *Proteus* and *Salmonella*. Less active against gram-positive bacteria. Indicated in treatment of urinary-tract infections and salmonellosis

**Contraindications** Penicillin and cephalosporin hypersensitivity

**Dosage** To be taken with or immediately after meals, with a bland fluid. *Adults* and *children weighing more than 40kg*—Urinary-tract infections, 200 to 400mg three or four times daily. *Salmonellosis*, 1.2 to 2.4g daily for two to four weeks. *Children weighing less than 40kg*—Urinary-tract infections, 200mg three or four times daily. *Salmonellosis*, half adult dose

**Precautions** During long-term use, routine liver and kidney function tests should be carried out. To be avoided during first trimester of pregnancy

**Side effects** Anaphylactic reactions and gastro-intestinal effects may occur

**Storage** In cool dry place

**Packs** Bottles 100 tablets (£18.82 trade)

**Supply restrictions** Anticipated prescription only

**Issued** November 1977

## DEBRISAN beads

Debrisan takes up wound exudate and when applied to a wound surface each gram absorbs up to few times its weight of exudate, swelling to form a gel in the process. Capillary action draws particles such as bacteria and tissue debris out of the wound into the Debrisan layer

**Manufacturer** Pharmacia (Great Britain) Ltd, 75 Uxbridge Road, London W5 5SS

**Description** Sterile straw coloured spherical (0.1 to 0.3mm diameter) beads of dextranomer

**Indications** To promote healing of most ulcers, small wounds and burns, whether clean or infected. As it promotes formation of granulation tissue, may be used to prepare burns for grafting

**Method of use** Debrisan is sprinkled onto a cleaned wound to a depth of 3mm and a dressing applied. Initially a twice daily change may be necessary but frequency may be reduced after a few days to once daily. Deep wounds may be dressed more

easily by mixing four parts of Debrisan with one part of glycerin to form a stiff paste

**Precautions** Not to be left on wounds with a low exudation rate for more than 24 hours as it may dry and form a crust, difficult to wash off. Occlusive dressings may lead to maceration when deep infected wounds are treated, care must be taken to wash Debrisan from depths of wound. Recommended that contents of one castor are used for one patient only

**Storage** In a dry place in well-closed container

**Packs** Castors of 60g (£19.75 trade)

**Supply restrictions** Anticipated prescription only

**Issued** November 7, 1977

## TINADERM solution and TINADERM-M cream

**Manufacturer** Warrick Pharmaceuticals Ltd, PO Box 40, Bracknell RG12 4TQ

**Description** Solution—10mg tolnaftate in each ml non-aqueous polyethylene glycol 400 vehicle. *Cream*—10mg tolnaftate and 100,000 units nystatin per g in water-washable basis

**Indications** Topical treatment of cutaneous mycotic infections such as tinea pedis, cruris and corporis. Cream particularly recommended for treatment of fungal infections localised in intertriginous and other moist areas of skin where candida infections are likely to be present

**Contraindications** Known hypersensitivity to any of ingredients

**Method of use** *Solution*—apply two or three drops to affected area twice or thrice daily and massage gently to cover entire area. *Cream*—apply twice or thrice daily to completely cover affected area. The concomitant use of a mild keratolytic agent may be indicated where skin has become hyperkeratotic

**Storage** Keep solution in cool place

**Packs** *Solution*—20ml bottle (£0.70 trade); *cream*—20g tube (£1.08 trade)

**Supply restrictions** Cream—P1, TSA

**Issued** October 1977

## NORMISON capsules

**Manufacturer** Wyeth Laboratories, Huntecombe Lane South, Taplow, Maidenhead, Berks

**Description** Yellow soft gelatin capsule containing 10mg temazepam. Printed with "WYETH" in black

**Indications** Hypnotic or night-time sedative

**Contraindications** Idiosyncrasy to other benzodiazepines

**Dosage** *Adults* 10 to 30mg half an hour before retiring. Has not been evaluated for children

**Precautions** Patients should be cautioned against driving or operating machinery. Elderly patients may respond to lower doses. Alcohol may increase the effects. Not recommended for use in first trimester of pregnancy

**Side effects** Morning headaches, transient rashes and mild gastro-intestinal dis-

turbances have been reported

**Packs** Bottles of 100 capsules (£5 trade)

**Supply restrictions** Anticipated prescription only

**Issued** November, 1977

## NATUDERM cream

**Manufacturer** Edwin Burgess Ltd, 27 Uxbridge Road, Hayes, Middlesex

**Description** White stable ambiphilic cream with a lipid component (about 35 per cent total product) similar to human sebum

**Indications** As an emollient and protective cream where secretion of skin film emulsion is deficient

**Method of use** A thin application to be rubbed gently in the affected area three times a day. Where used as a protective cream, to be rubbed in gently to areas of skin at risk just before or after exposure to potentially harmful factors

**Side effects** Hypersensitivity may occur rarely

**Notes** Does not contain unmodified lanolin

**Storage** In a cool place

**Packs** Jars of 40g (£0.71 trade) and 450g (£3.78)

**Issued** November 1977

# New products

## Cosmetics and toiletries

### Madame Rubinstein for the 50s

Three specialised skin care products for women over 50 years of age have been introduced by Helena Rubinstein Ltd. Cleansing there is Madame Rubinstein gentle location cleanser 200ml, (£2.95) which can also be used twice weekly at night with the accompanying sponge to remove the dead cells which older skin loses some of its ability to shed. Madame Rubinstein night care cream (30ml, £3.95; 60ml, £6.45) and day care moisturiser (50ml, £4.65) complete the range (Helena Rubinstein Ltd, Central Avenue, East Molesey, Surrey).

## Sundries

### Tomme Tippee latest

A stainless steel fork and spoon set is one of three new Tomme Tippee products. The cutlery, which is lightweight and easy to hold comes in packs of six (£0.79 per set). Two squeeze toys, in the shape of a seal and dolphin with a safety air-hole squeezer, which conform to British Standards, are available in packs of 12, six of each design (£0.69). Finally a streamlined potty comes in packs of few assorted colours (£1.69) (Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).



# Trade News

## Face-savers consumer promotion

Sterling Health Products, St Marks Hill, Surbiton, Surrey, have launched a new consumer promotion for Face-savers, their range of skin care products. The promotion, entitled "Take a good look at yourself", offers the consumer an art deco easel-stand mirror for £1.75 (including packing and postage). The mirror has a "dream-like" design in blue and white and measures 19½cm square.

A specially designed chemist counter unit featuring the promotion has been produced and incorporates leaflets giving full details of the offer. Each unit holds 6 of each of the 3 Face-savers products, skin wash, cleansing pads and the cream medication.

## Relaunch for Scotties' tissues

Scotties' woodland flowers, new facial-tissue "cube" pack from Bowater-Scott Ltd, Bowater House, 68 Knightsbridge, London SW1, offers more tissues per pack with no price increase.

In what is a relaunch of Scotties' vanity, the new pack offers five per cent more tissues—from 95 to 100—and no increase in the cost per pack.

Woodland flowers, being launched nationally from November 14, are in 3 pastel shades: lavender, pink, green and soft white tissues. The pack allows access to one or more tissues for quick transfer to handbag or pocket because they are packed flat and not "pop-up".

## One Solution repackaged

Barnes Hind's One Solution, a one step wetting, soaking and cleaning system, has been repackaged in a cerise and white design. Each 90ml pack contains a disposable soaking and carrying case.

Barnes Hind Ltd, Isis Trading Estate, Stratton Road, Swindon, Wilts, recommend One Solution as a totally self contained hard lens care system, but emphasise that even greater comfort can be achieved by the twice weekly use of their Gel Clean product. With this in mind they have produced a patients' starter kit containing both products and detailed instructions on hard lens care.

## Flower soaps repackaged

Scottish heather, Devon violets and English lavender, three of the traditional fragrances in the Crabtree & Evelyn, 34 Savile Row, London W1, range of soaps, have been repacked to match in with the other soaps in their Tudor Country series.

The lavender soap, made from pure natural oils, now matches the toilet water and foam bath and is the light lavender



fragrance that was so popular in the pre-war years. The heather now has a stronger perfume and the formula for the violet remains the same.

## Napcolour promotion

Napcolour Ltd, 76 Lower Bridge Street, Chester, are featuring their jig-photo (jigsaw from the customer's negative) master print (enlargement on canvas and frame), photo coasters and photo table mats (negative made into a set of six mats) in a Christmas promotion. "Money-off" vouchers are being given away and the promotion also offers a free, exclusively designed Christmas card with reprint orders.

The summer "Win a caravan" competition provided a garden barbeque set for Schofields, Leeds; Gordon Davie, Bromley, Kent; Saunders Chemist, Rhiwbina, Cardiff, as dealers serving the first prize winners.

## Medi-sache pack change

Pharmax Ltd, Bourne Road, Bexley, Kent, say Medi-sache will be available in a new dispenser pack of 50 sachets (£1.57 trade), which will replace the old style packaging in polybags. The new pack is designed to facilitate dispensing at pharmacy and ward level. The new pack is available at no extra cost and is priced on a pro-rata basis relative to the current pack of 250.

## Vu "stylo"

Vu par Ted Lapidus is now being packed in a maroon and gold "stylo", which looks like a pen and can be worn in a breast pocket or carried in a handbag. Each atomiser holds 10g of Vu eau de toilette (£1.50) and a counter display is available from Parfums Ted Lapidus, 14 Grosvenor Street, London W1X OAQ.

## Pretty Polly distributor

The main distributors for the Pretty Polly range from November will be Pharmagen Ltd, Chapel Street, Runcorn, Cheshire

## Winalot's 50th anniversary

Spiller's Winalot celebrates its 50th anniversary this year with a "Great way of life" competition for retailers and consumers. Two golden Ford Fiesta cars can be won in the trade competition. More than 4½ million promotional new packs of Winalot, in all three sizes, will carry the

competition which is to match sketches of events of the past 50 years with their correct decade. Each entrant in the consumer competition will receive a commemorative medallion for their own dog.

Spillers Ltd, Old Change House, Cannon Street, London EC4, are running two new commercials featuring Robert, the golden retriever, on national television finishing on December 4.

## Kodak discounts

Kodak Ltd, Kodak House, Station Road, Hemel Hempstead, Herts, are offering, until November 25, a 10 per cent discount for orders of 25 Instamatic 110 camera outfits, ten of which must be model 130 gift outfits; and 5 per cent discount for orders of ten 110 outfits of which five must be 130 gift outfits. In addition, with either package, free cases for the camera models ordered will be given as follows: 130 and 230 outfits—case 4; 330 outfit—everyready case. The case offer does not apply to gift outfits.

Actress Barbara Windsor and Paul Eddington (Gerry in "The good life") will be promoting the new-look Kodak Instamatic 130 and 77-X gift outfits on television this Christmas. Nationwide television, national Press and magazine advertisements together with point-of-sale material, will form the Kodak campaign.

The Kodak EK2 instant camera, first marketed in the UK in September, is now being assembled for the first time at Kodak's camera and apparatus manufacturing division at Stevenage, Herts.

## on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

**Aquafresh toothpaste:** WW, We

**Band-aid:** All except E, B

**Beecham's hot lemon:** M, So, E

**Beecham's Night Nurse:** All except E

**Blue Stratos:** All areas

**Cream Silk:** All areas

**Fairy toilet soap:** M, Lc, Y, Sc, WW, NE, U, B

**Fenjal creme bath:** Ln

**Galloway's cough syrup:** Ln

**Haliborange:** M, Lc, Sc, So, G

**Head & Shoulders:** Ln, Y, A, U

**Hedex:** All except E

**Norsca foam bath & soap:** Y

**Old Spice:** All areas

**Philishave:** All areas

**Radox herbal bath:** All except E

**Silvikrin hairspray:** All areas

**Vitarich:** Lc

**Wilkinson 11 razors:** All except E



# The Budget and its effect on small businesses

by Eric L. Harvey, FCA, FSCA

In his Budget speech the Chancellor made a particular point of doing something for the small business and he has promised further reliefs in the future. His present proposals are small enough but they are at least an acknowledgement of the financial difficulties inhibiting the growth of small firms. He is giving relief in taxation and other financial schemes.

## Taxation

**Close companies**—although the small family-type company has a lower rate of corporation tax there is still difficulty in ploughing-back profits because of the taxation penalties on undistributed income. If profits exceed £5,000, a calculated proportion has either to be actually distributed or is deemed to have been distributed by apportionment to the shareholders, with consequential additional tax liabilities. The Chancellor now proposes to increase the £5,000 to £25,000 and the tapering provisions on higher profits from £15,000 to £75,000. These are substantial increases and will remove many companies entirely from the apportionment provisions and allow those with higher profits to retain more cash for future growth. The reliefs apply to accounting periods ending after October 28.

**Capital Transfer Tax**—the difficulty of giving a financial interest in a business to new blood has previously been recognised by allowing a reduction of 30 per cent of the value transferred. This was not enough to encourage the controlling shareholder or proprietor to hand over some of his capital and the reduction is now increased to 50 per cent. It remains to be seen whether even this is sufficient for its purpose. This business relief has not applied to the transfer of minority shareholdings in unquoted companies but there will now be a 20 per cent reduction for such transfers. These new provisions apply to transfers made after October 26, 1977, with a cumulative limit of £500,000. An additional small relief is that the level at which capital transfer tax becomes payable is increased from a cumulative £15,000 to £25,000.

## Other financial schemes

**Market entry guarantee scheme**—to encourage firms to develop an export market the Department of Trade will give the exporter a loan of 50 per cent of his relevant overhead costs. This will be recovered by way of a levy on sales in later years and a premium will be payable to cover the risk that the loan may be irrecoverable if the venture fails. *Small*

*firms employment subsidy* is to be extended to March 31, 1978. *Council for Small Industries in Rural Areas*—the interest rates charged will be reduced to those charged by the Department of Industry.

The above package may not be of immediate value to some businesses but the trend is surely in the right direction and the opportunities now offered for

future financial planning and the help offered under the various schemes should not be ignored.

The author is editor, Tolley Publishing Co Ltd, part of the Benn Group which also publishes C&D.

## Small firms conferences

A series of one-day conferences for small firms is intended to provide an exchange of views, ideas and information between small firms, central and local government, public sector bodies and financial institutions. Each will be chaired by a Minister from the Department of Environment or Industry. The first is to be held in Lambeth Town Hall on November 25 and to the end of February, conferences are being arranged in Birmingham, Hackney, Leeds, Liverpool, Manchester, Newcastle and Nottingham. Inquiries for Lambeth should be made on Freephone 2079.

## What's happened to Denclen?

Make sure your customers don't have to ask that question. Sales of Denclen have really taken off. A 44% increase over the last 12 months, and still accelerating.

So much so, that some chemists find they're out of stock for a considerable time.

Which is a pity, because Denclen's advertised as a chemists' line.

And for the next three months we're:

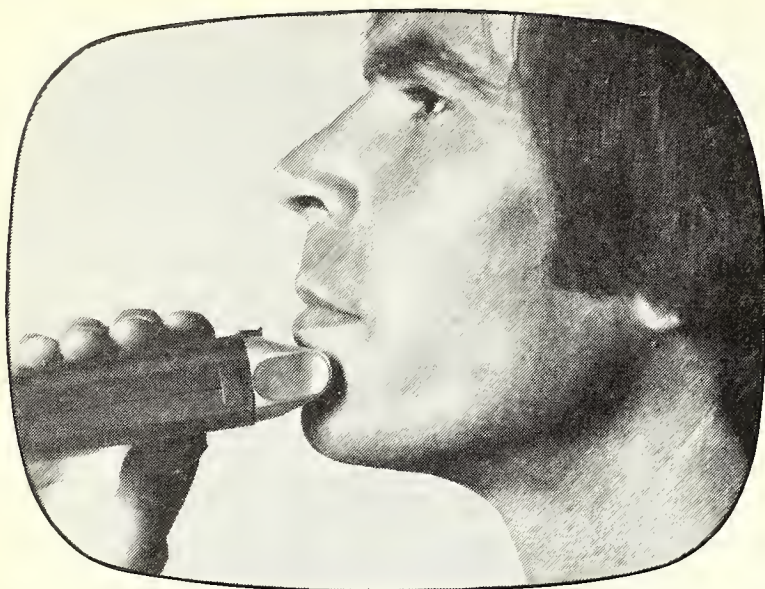
- \* Trebling the advertising budget
- \* Offering extra discounts
- \* Running the biggest ever press campaign for a denture cleanser

It makes sense to check your stocks and order Denclen now.

# DENCLEN

International Laboratories Ltd. — the chemists' friend.





Braun Micron.



Braun Curl Control



Braun Hairstyling Set Plus 2.



Braun Round Styler

## In order to increase your sales we will not be advertising one of our products on T.V. this autumn.

Not one, but four.

Four TV campaigns, all national.

Modesty aside, that's two more than any other shaver or haircare manufacturer has ever run at Christmas.

The Micron launch alone will be the heaviest campaign ever seen for a shaver.

While the separate campaigns for the Round Styler, the Hairstyling Set Plus 2, and the Curl Control, will bring our spending to over £1m.

Ensuring that Braun is far and away the

dominant advertiser this autumn.

The advertising started mid October, and runs every week through till Christmas. In terms of impact, that means 95% of all adults will see Braun advertised at least 25 times.

So now we're putting our products where your customers can see them, we'd like to suggest you do the same thing.

By stocking up with Braun now, before the Christmas rush.

# BRAUN



Irish Pharmaceutical Congress, Galway

# Medicines advertising— dangerous or essential?

Advertising of medicines was attacked as potentially misleading and dangerous—and defended as informative and essential—on the second day of the Irish Pharmaceutical Congress.

A community pharmacist from Waterford, Mr Richard Phelan, argued that the reader of, or listener to advertisements for medicine took his health very seriously. "He may be genuinely ill—or a chronic hypochondriac. He is probably to some degree anxious or upset. He is possibly very gullible, may suffer from nerves, may have grown morbid about his complaint—be it real or imaginary. Does the copywriter of a fast-selling over-the-counter medical preparation think seriously about how his advertisement is going to appear to someone like that?"

## Let pharmacist be judge

Many advertisements suggested that the reader or listener "ask the chemist for". But that was the wrong approach. "It would be better for the patient to explain his complaint to the pharmacist and let him be the judge whether or not any particular treatment is advisable. After all that is one of the things the chemist is trained for. He has to continuously struggle against well ingrained ideas as to the effectiveness and uses of various advertised medical preparations. Some customers will unfortunately put more credulity on a newspaper or television advertisement than on the informed, educated, concerned, opinion of a community pharmacist. Advertising of medicines deprives him of his right to practise his profession to the best of his ability. Not only is this an injustice to the pharmacist, but it is also very unfair to the patient."

Even the most innocuous forms of advertisements for medicines encouraged self-medication. People in perfectly good health might be persuaded that they were suffering from lassitude or debility, that they needed vitamins, minerals and glucose, in order to "get up and go," "restore lost energy"—when all they may be suffering from was a very natural tiredness after a hard day's work. "In the bright, scintillating, ever-smiling world of advertising no one ever gets tired, depressed, or lonely because they swallow the right tablets, quaff the approved beverage, use the most discreet deodorant."

Advertisement induced self-medication of the healthy was bad enough, but a greater danger occurred when the unwell or genuinely ill person was induced to

treat his own complaint, said Mr Phelan. Even if an incorrect or harmful treatment were not given, the proper diagnosis and appropriate treatment would be delayed. It was easier to purchase the medicine in the pharmacy or off a supermarket shelf, having been persuaded by an impressive advertisement in a newspaper or the confident face of a "cured patient" on the television screen, than to seek an appointment with a general practitioner, wait in his surgery, be examined, sent to a hospital for tests, perhaps told to call again in a week or see a specialist.

The advertiser might argue that the pharmacist would do no more than try to sell a medicine for the sake of a sale "Isn't he just as fond of a quick buck as the next fellow?" But the pharmacist was an educated, responsible, professional person, trained to be cautious in the use of medicines. "Unlike the advertisement he can question the person who seeks advice. He is the first person with any medical training that the ailing person is likely to approach. Outside the doctor he is the best person to recommend some mild medicament if he thinks it necessary and also the best person to advise and encourage the patient to seek further medical aid. The modern tendency of advertising the use of medicines directly to the public through newspapers, radio and television is undermining the professional responsibility of the pharmacist and denying the patient the expertise of his chemist."

## 'Ethicals' as brand leaders

Could medicine be sold without the help of advertisements? Mr Phelan pointed out that many "ethical" products which the pharmacist knew to have good formulation, to be produced by firms of sound reputation, backed by years of research and clinical trial, and sold confidently by him, had in fact become brand leaders without ever being advertised directly to the public. "Formulation by a reputable ethical firm and recommendation by pharmacists is the best backing any medical product can receive."

Finally, Mr Phelan suggested that legislative control of medicines advertising should be forestalled, perhaps by setting up a joint committee of the Irish Medical Association, the PSI and the IPU to approve advertisements which had already passed the legal requirements. "This might ensure a safer form of advertising and give the ethical product a seal of approval."

Supporting the need for medicines advertising, Mr A. C. Martin, MPS, consultant to the Pharmaceutical, Chemical and Allied Industries Association, argued that the industry had "untangled the web" of the bad old days—and would not let it get tangled again. Tremendous improvements had taken place over the whole sphere of advertising, and proprietary medicines, he suggested, had been in the forefront of that improvement.

The industry, said Mr Martin, believed that home medicines and discriminating self treatment for minor ailments should be actively encouraged. "It relieves pressure on the medical profession and reduces the cost of the Health Service. Most home care medicines are recommended and used for the temporary relief of known symptom patterns. If the anticipated sequence of symptoms leading to a spontaneous recovery is not followed then a diagnosis and medical help is called for. Self-medication can never take the place of professional care in a serious, chronic or unfamiliar illness. Professional care, in turn, could not begin to cope with the millions of everyday symptoms that are handled through self-medication. I believe that even the doctor and pharmacist together could not cope."

## 50pc rely solely on self medication

The most comprehensive study to date found that 50 per cent of all persons during a 30-week period relied solely on self-medication for the relief of short-term "illness incidents", said Mr Martin; 90 per cent of the episodes ended successfully in the relief of symptoms without major adverse effects. "There is reasonable agreement between the public's view of conditions which can safely be treated by self-medication and those which physicians would consider as suitable for self-treatment."

Turning to advertising itself, the speaker contended that despite emotional statements to the contrary proprietary medicines are not heavily advertised by comparison with other consumer items. "The relatively low level of advertising has led to the gradual establishment of a modest number of national brands and the steady erosion of the significance of the remainder. This process has now reached the stage when the scale of manufacture of the national brands allows the use of advanced efficient and hygienic plant to produce very reliable low-cost products." And manufacturers had become large enough to continue to invest in developing their products.

Advertising was designed to inform about the existence and usefulness of a product and to persuade the consumer

*Continued on p696*



Irish Congress

# Consumer choice

Continued from p695

brand X rather than brand Y. It also provided the consumer with choice (Mr Martin regarded this as the main benefit), created competition and facilitated new product introduction, and (if successful) could help keep costs down as a result of production economies. Nevertheless, advertising must comply with the law, be in good taste and not be misleading—but should the control of it be wholly legal? Mr Martin's Association considered effective control could only be achieved by a voluntary code which exceeded the legal requirements and which would be complied by the spirit as well by the letter. Compliance with such a code of standards was a condition of membership of the Association, and all advertisements and promotional material (including packaging) were submitted for approval.

Material was examined by a committee comprising a senior official of the Department of Health, a medical doctor, a senior official of the Irish broadcasting authority, and the speaker himself. It was the job of a copy writer to present his client's product in the most favourable light, but it was the job of the committee to see that the copy writer in his enthusiasm did not go outside either the spirit or the written word of the Code. Responsibility for any advertisement remained with the company.

Mr Martin concluded that the manufacturers of proprietary medicines, through their Association, had adopted and would continue progressively to adopt a most responsible attitude.

## Impending legislation

The law governing advertising of medicines in Ireland was outlined by Professor Bryan M. E. McMahon, LIB, University College, Dublin. Among new legislative proposals which would affect the situation were the Consumer Protection Bill, designed to give better rights to the purchaser of goods (this Bill died with the last Government), the EEC Directive on product liability, the Misuse of Drugs Act 1977 (under which Regulations are awaited) and the Consumer Information Bill (which also died with the last Government but is expected to be revised in substantially the same form. The latter measure will outlaw false and misleading advertisements and make it an offence to sell goods with such descriptions.

During the discussion, Mr Aidan

Mr John Carr, Tuam, co Galway, ICI (Ireland) Ltd; Mrs Laura Carr; Mrs Teresa Torpey, Athenry, co Galway and Mr Eamon Torpey, Athenry, Beecham Research Ltd, at the congress



O'Shea, president of the Irish Pharmaceutical Union, held that it was possible to accept the usefulness of self-medication without having to accept the need for advertising. What was the pharmacist's function if it were not to provide the same information as contained in the advertising? At one to 2,500 of population there were sufficient pharmacies in Ireland for the purpose—but the goodwill of the retail

pharmacist in relation to OTC medicines was essential. Mr O'Shea suggested that such goodwill was lacking in the case of "glamorous advertising of medicines" and hostility could develop towards these products. He felt it significant that the advertising committee included no working community pharmacist. Mr Martin replied that the committee would be happy to include a volunteer community pharmacist.

## Minister welcomes report on pharmacists' role

The parameters for the role and responsibility of the pharmacist, outlined in the report of the joint profession—Department of Health working group broadly coincide with the view of the Irish Minister for Health. That was stated by Mrs Maura Geoghegan Quinn, Parliamentary Secretary to the Minister for Industry and Commerce, in proposing the toast to the profession at the Congress banquet. She acknowledged, too, the value of the community pharmacy's involvement in distribution of Health Education Bureau promotional material and referred to the Bureau's intention to use them in a return of unwanted medicines campaign.

The speaker concluded: "It is very obvious to me that the pharmacist is both a health adviser and health educator. Of all those engaged in the health professions, he is the one readily accessible to those who seek advice or need guidance.

In reply, Mr Aidan O'Shea, president IPU, paid tribute to his fellow-members of the working group, adding that the slow democratic procedure being adopted was necessary to ensure mature and acceptable plans for pharmaceutical services in the future. "Such services now develop and decline only by the values of the market-place. We, as pharmacists, wish them to develop by the more idealistic criteria of professional care. Delay or compromise in State commitment to this ideal puts professional pharmacy increasingly into the control of non-pharmacists, whose values gravitate towards commercial expediency. We cannot delay

much longer in providing the principle of licensing and/or geographic distribution of community pharmacies."

Proposing the toast to the guests, the president of the Pharmaceutical Society of Ireland, Mr M. F. Walsh, expressed pleasure that some Health Boards had appointed pharmacists with special responsibility for community care in their areas. It was imperative that other Boards should quickly follow that lead.

## Only countries without control

Replying to the toast Mrs Estelle Leigh, president, Pharmaceutical Society of Great Britain, pointed out that the Republic and UK were the only countries in the EEC without a system of control over the opening of pharmacies. "In the interests of the public and the profession, I hope this will come in the near future".

Mrs Leigh also expressed the view that a professional body should have the power to impose sanctions on its members—in pharmacy and medicine, where there was a contribution to drug abuse, for example. She referred to the Medical Practitioners Bill, 1977 just introduced into the *Dail*, which will, among other things, establish a Medical Council to replace the Medical Regional Council with powers for disciplining in cases of professional misconduct and fitness to practise. Mrs Leigh believed the Pharmaceutical Society of Ireland should have similar powers to those the professional bodies in most other countries had had for many years.

More Congress reports on p716



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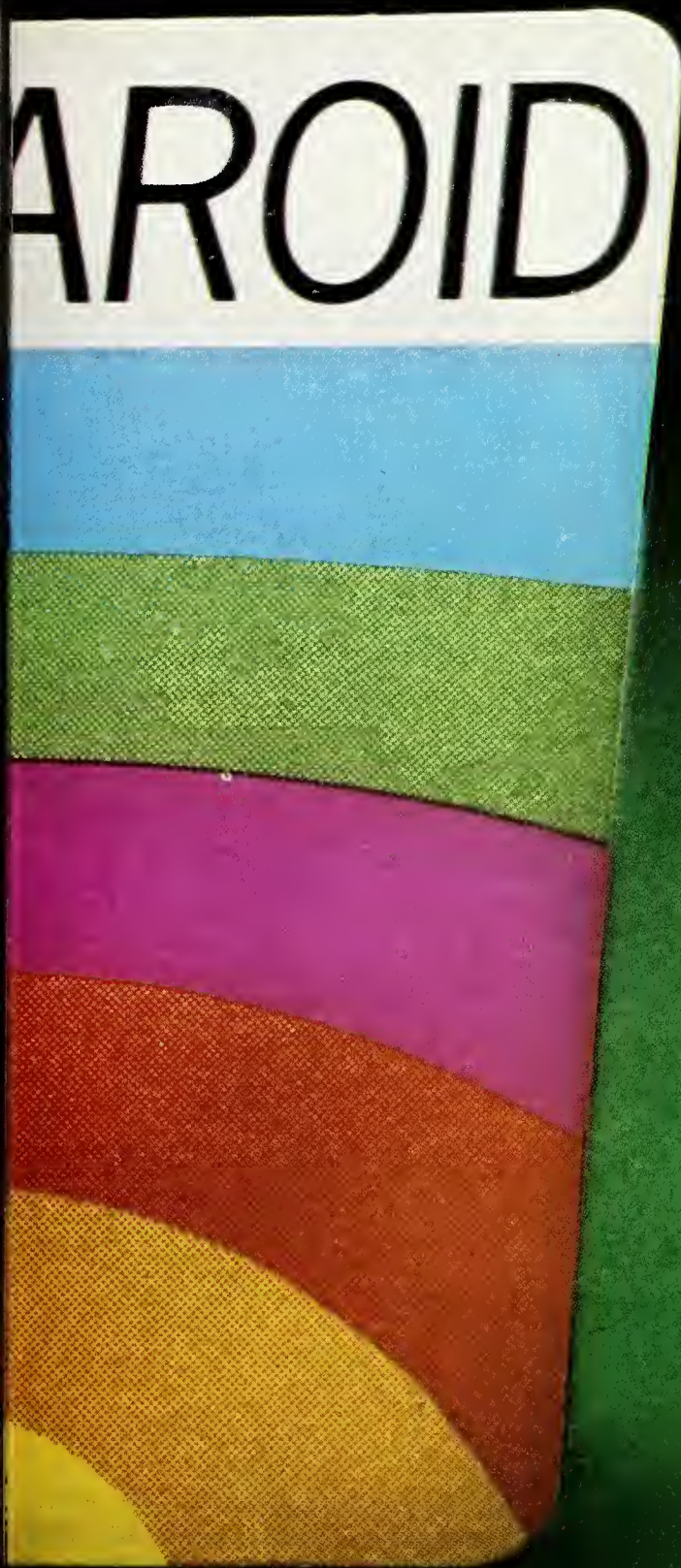
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## COUGHS &amp; COLDS: A C&amp;D SPECIAL FEATURE

# Contamination by touch

by A. B. Semple, MD, FFCM, DPH, Professor of community and environmental health, Liverpool University

Last year, seven million people suffered from diarrhoea and vomiting severe enough to cause them to go to a doctor or chemist for a remedy. Five million obtained prescriptions, while two million bought an OTC product. And this is merely the tip of the iceberg.

Colds and flu continue to have an incalculable effect, both economic in terms of lost working hours and production, and in the sheer misery they cause to millions every year. Both gastroenteritis and colds have in common the fact that the bacteria and the viruses that cause them can be transmitted by touch from contaminated hands.

The disturbingly high incidence of gastroenteritis could be reduced dramatically if only people washed their hands after using the lavatory. I also believe that incidence of both colds and gastroenteritis could be cut down if a way could be found to reduce hand contamination—by nasal viruses when the nose is blown or by faecal bacteria when the anus is wiped.

Outbreaks of gastroenteritis and dysentery are often traceable to the classic anus-to-hand linkage. The exact role of touch transmission in the spread of colds and flu remains somewhat controversial but there is growing support for the view that it is very important.

Public health campaigns of the post-war "Now wash your hands" type have made less impact than one would have hoped (although education remains the key to better hygiene). Public washing facilities are still very inadequate, and

there is some evidence that hygiene standards are deteriorating rather than improving. For example, the number of reported cases of food poisoning in England and Wales jumped from 7,295 in 1974 to 10,936 in 1975.

Domestic facilities, too, could be improved, with wash basins in the lavatory room itself. Normal faeces contain upwards of  $10^8$  live bacteria per gram wet weight and people simply do not realise that their clothes, the flush handle, door handles and wash basin taps can all be contaminated before the hands are washed.

If the hands are not washed there is the risk that faecal bacteria, which may or may not be pathogenic, can be transferred to food and utensils, to babies or children if they are handled soon afterwards, and back to the carrier.

The risk is compounded by the popularity of "soft" toilet tissue which, even when used doubled or trebled, is rapidly permeable to faecal bacteria. Bacteriological tests carried out by Dr Richard Holt, principal microbiologist at Queen Mary's Hospital for Children, Carshalton, have shown that it only takes from three to five seconds for several thicknesses of soft tissue to allow the passage of so many bacteria that the finger tips were inevitably heavily contaminated after handling.<sup>1</sup>

Usually this was with relatively harmless bacteria and enteroviruses, but there is always the chance that extremely dangerous micro-organisms such as

*Salmonella typhi*, *Vibrio cholerae* and the virus of poliomyelitis may be present.

The same risk of contamination applies to nose blowing, especially when the discharge is copious and the blowing vigorous. A linen handkerchief or conventional tissue is insufficient protection against the transfer of pathogenic or potentially pathogenic bacteria and viruses to the fingers.

The bacteriological tests devised by Dr Holt were quite simple. Cultures of *E coli* were spread onto soft agar. The tissues under test were then gently pressed onto the agar using the finger tips, to simulate the use of the tissues. Contact was maintained for between three seconds and one minute before the fingers were pressed onto sterile agar. Growth of the marker organisms on the sterile agar demonstrated passage through the tissues. When "soft tissue" was used, heavy contamination of the fingers occurred after only three to five seconds.

"In-use" tests immediately after defaecation confirm these findings, particularly when the faeces are semi-solid or frankly liquid. Replicate cultures of the finger tips immediately after nose blowing through ordinary paper handkerchiefs also showed massive contamination.

A comparable situation applies in the case of viruses. In the right conditions they can survive and remain infective on hard surfaces for at least a couple of hours, and can be transferred by touch.

*Continued on p702*

PVA laminate and six sheets of "ordinary" tissue are placed on pools of ink (left). The laminate tissue remains impervious to ink for about 60 seconds whilst the fingers are soiled "immediately" through the plain tissue





## COUGHS &amp; COLDS

# Virus and humidity

Continued from p701

Thus, in crowded areas virus remaining viable for only half an hour could present a potential hazard.

Humidity also affects the survival of certain viruses. Those responsible for the common cold, rhinovirus and adenovirus, survive better at high humidity<sup>2</sup> and retain their infectivity particularly well if they have been deposited on a hard surface. One might speculate that as indoor humidities can be as high as 60 per cent such viruses may conceivably survive for one to two hours on hard surfaces—a possibility with considerable implications for large offices and catering establishments.

Work done at the Common Cold Unit at Salisbury<sup>3</sup> demonstrated that viral inocula dried on handkerchiefs which were then put into the pocket showed no lowering of infectivity for 30 minutes, though fairly rapid decreases took place after that time.

Another experiment<sup>4</sup> studied the survival of rhinovirus on a number of surfaces including human skin. The researchers dried viruses on a number of surfaces. Viable virus was recovered for up to 24 hours on plastic surfaces and survived for three hours on Formica and stainless steel surfaces. It did not survive on porous surfaces such as cotton or tissue, but "hard" materials such as Dacron and nylon yielded viable virus.

Rhinovirus dried on the skin of the hands was recoverable after three hours if the hands were not used, and after 1-2 hours if they were used normally.

## Skin to skin transfer

Other work<sup>5</sup> has also shown that virus can be removed from smooth surfaces by rubbing with the finger, and that this transfer was more efficient if the inoculum was not completely dry. Skin to skin transfer was also successful.

In our heart of hearts we all recognise that "coughs and sneezes spread diseases." Yet clearly, hand washing (or rather the lack of it), and covering the nose and mouth with conventional tissues is not controlling their spread adequately. There is room for a more effective barrier than conventional tissues, especially in high-risk areas such as hospitals, catering establishments and large offices or at home when someone has a cold or where there is a child. A product now under development by Sterling Health Products gives reason for optimism. It is a tissue with barrier properties.

It works on a simple principle, a thin

sheet of water soluble film made of polyvinyl alcohol laminated between two single-ply sheets of soft tissue. This film is sufficiently water insoluble to act as a barrier, yet sufficiently water soluble to be flushed away without problems.

PVA laminate, as it is known, has been subjected to careful bacteriological and viral trials. The company's in-house bacteriological series of over 4,000 tests used a range of bacteria seeded onto MacConkey agar. The test tissue was placed over the plate, fingers impressed on it for three seconds and then transferred to a recovery plate for three seconds.

After incubation the recovery plates for ordinary hard and soft tissue showed confluent growth, while those from the PVA laminate tests showed only occasional colonies. The results in table 1 demonstrated that the barrier properties of PVA

at high concentration, and a sheet of the tissue under investigation placed over this virus source. Finger tips were pressed into the agar through the fabric for different lengths of time.

Each finger tip was then rinsed with virus recovery medium and the rinsings used to inoculate monolayered tubes of rhesus monkey cells. The cultures were assessed for the presence of viruses by microscopic examination of the tube.

The results shown in table 2 indicate clearly that soft toilet paper allows transmission of small viruses from soft media onto finger tips in two seconds or less whereas PVA laminated tissues prevent the transmission of small viruses for 40 seconds or longer under identical conditions.

An assessment of zero indicates no viral growth; of 1, 25 per cent; 2, 50 per

Table 1

		Artificial faeces	Failure rate
PVA laminate			0.8%
2-ply soft tissue	1 sheet		100.0%
	2 sheets		91.0%
	3 sheets		65.0%
Hard tissue	1 sheet		100.0%
	2 sheets		98.0%
	3 sheets		89.0%

Table 2

	Soft paper Seconds				PVA laminate Seconds			
	2	5	10	20	5	10	20	40
1.	4	4	4	0	0	0	0	0
2.	4	4	4	4	0	0	0	0
3.	4	4	4	4	0	0	0	0
4.	4	4	0	4	0	0	0	0
5.	4	4	4	4	0	0	0	0
6.	4	4	4	1	0	0	0	0
7.	4	4	4	4	0	0	0	0

laminate were superior to those of the hard or soft tissues.

An independent comparison trial carried out by Dr Holt corroborates these findings. *In vitro* studies demonstrated that the PVA wipes completely resisted the passage of *E coli* from a moist surface for 40 to 50 seconds. The findings were confirmed by practical use. No faecal bacteria were recovered from the finger tips after anal wiping, neither were any nasal bacteria recovered from the reverse side of the laminated tissue after nose blowing.

Preliminary results of an independent university virology study set up to determine the barrier properties of various hygiene materials to viruses<sup>6</sup> are equally encouraging. Because it is safe to handle and its behaviour in culture is well understood, the researchers used live attenuated Sabin vaccine as a marker. This belongs to the picornovirus group, which also contains the rhinoviruses and enteroviruses. At 10/1000th of a micron, the Sabin virus is about 10 times smaller than the myxoviruses, which contain the influenza group.

The tests used the following method: A soft agar jelly was seeded with Sabin virus

cent; 3, 75 per cent; and 4, 100 per cent of cells infected. The experiment was carried out with seven volunteers using a typical major brand of soft toilet paper with one hand and with PVA laminated tissues on the other hand.

It would be unrealistic to pretend that we can ever eradicate these infectious conditions altogether—after all, you can't stop people from touching things. It would be equally unrealistic to pretend that the price of PVA laminated tissues will, initially at least, be low enough to persuade everyone to change to them. But for use in the high-risk areas described it represents a great step forward in the control of infectious and intestinal conditions. It is without doubt an advance which will further tip the biological balance against the dangerous intestinal and upper respiratory tract pathogens.

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# Beecham Bulletin

BEECHAM PROPRIETARIES BRENTFORD MDDX

**BEECHAM  
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## All-star winter TV heralds **SALES** **SPECTACULAR**



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Beechams Powders – as always, top of the bill with customers who trust the No. 1 favourite to make them 'feel better fast'. The Hot Lemon form, understandably the fastest chart-climber with its unique promise of hot lemon comfort and trusted Beechams Powders formula. And Night-Nurse – already the most-used night-time remedy . . . for all-round relief, at a lesser price.

Each gets national winter long T.V. promotions.

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## COUGHS &amp; COLDS

# Formulating for the consumer

*Aspirin is commonly used in the symptomatic treatment of colds and influenza. Here Mr N. G. Rabouhans, BPharm, MPS, process development manager, Nicholas Laboratories Ltd, discusses the implications of formulation on patient acceptability and absorption.*

Aspirin was first introduced into medicine in 1899 by Hoffmann, a chemist with Bayer, although the therapeutic value of salicylates was well known by that time, and the use of willow bark dates back some 2000 years. The development of aspirin was inspired by the side-effects associated with salicylic acid and its salts, poor taste and gastric irritancy.

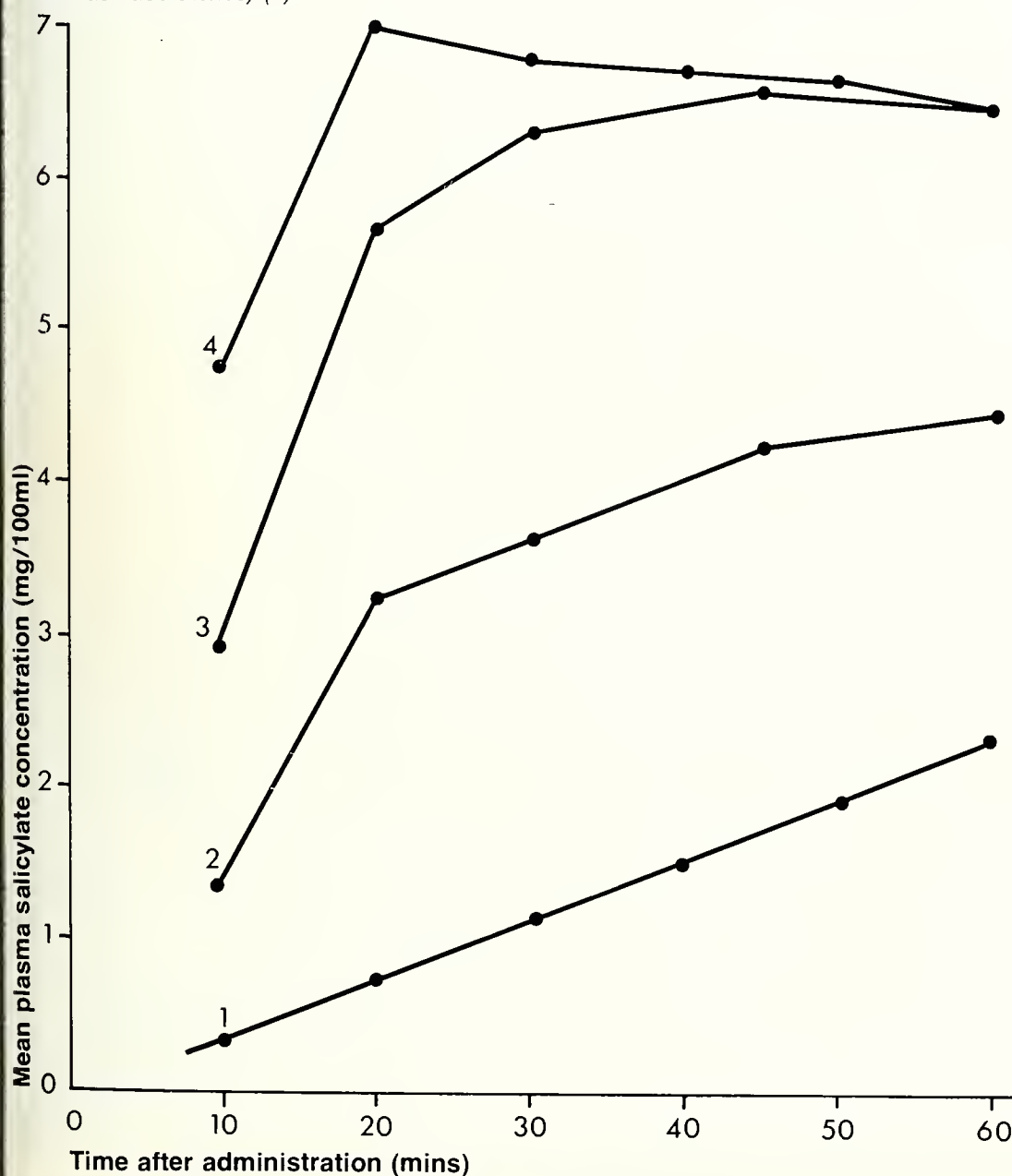
Today we might well associate aspirin with these same effects, and much of the development of aspirin formulation in

recent years has been to reduce the impact of these undesirable properties. However, there can be little doubt that aspirin has gained world-wide acceptance as a safe and efficacious drug in the treatment of a wide range of common conditions.

## Formulations

By modern criteria, aspirin is not a difficult drug to formulate into a range of dosage forms. The drug is well absorbed from the

*The mean plasma salicylate concentrations in ten subjects, each receiving 900 mg aspirin as aspirin tablets BP (1), micronised aspirin tablets (Aspro, Nicholas Laboratories) (2), soluble aspirin tablets BP (3), and effervescent aspirin tablets (Claradin, Aspro Clear, Nicholas Laboratories) (4).*



stomach and small intestine, and it is stable in the dry state. Nevertheless, the wide range of different presentations of aspirin on the market today is evidence of the effort that has gone into the formulation of products that offer the consumer particular advantages and benefits which he sees in terms of palatability, convenience in use, freedom from gastric irritation, and speed of onset of action.

Thus, there are conventional aspirin tablets, micronised aspirin, tablets designed to be sucked or chewed, soluble and effervescent, buffered, sustained release and enteric coated tablets.

The Nicholas group has been involved in the formulation and manufacture of aspirin for over 60 years, and during that time has investigated most of the ways of presenting this drug to the consumer. With Claradin and Aspro Clear we believe that we are offering an advanced aspirin formulation in an elegant dosage form, which offers advantages to the consumer in terms of its palatability, and its rapidity of action. At the same time potential disadvantages of effervescent products have been minimised, so that, for example, the sodium content of these tablets is the lowest of any fully soluble aspirin tablet.

The formulation of Claradin, which differs from Aspro Clear only in tablet shape, has been described by Timmington (C&D, April 14, 1973, p482). The main feature of the formulation is that the amount of effervescent base, which largely determines tablet size, and sodium content, is reduced to the minimum, consistent with achievement of a rapid tablet disintegration and aspirin dissolution. This is achieved by coating the aspirin, which also increases its stability in the effervescent base, and by the use of a partially neutralised citric acid as acidulant.

## Palatability

Aspirin has an acid taste and conventional aspirin tablets tend to disintegrate rapidly in the mouth, liberating aspirin particles which are often irritating to the throat. Palatability can be improved by formulating the aspirin with agents such as glycine, which promote dissolution of the aspirin in a relatively tasteless form or by formulating the product to be taken in solution, dissolution of the tablet being facilitated by means of effervescent agents.

## Convenience in use

The product which can be taken inconspicuously and easily whenever required is undoubtedly the most convenient dosage form. However, many people do not find it easy to take tablets dry, and sucking or chewing may introduce palatability problems. In these cases it is probably best to take aspirin with water, as this also helps to ensure that locally high concentrations of aspirin are not produced in

*Continued on p706*



## Formulating for the consumer

*Continued from p705*

the stomach, where they might cause gastric discomfort.

Gastric discomfort, for example heartburn, following the ingestion of aspirin is extremely variable and certainly difficult to assess from a review of the literature. The true incidence may be 5 per cent or lower. It must also be borne in mind that consumers of aspirin may well have taken other gastric irritants such as alcohol, caffeinated beverages and, spicy foods.

Even direct examination of the gastric mucosa using the endoscope has produced conflicting reports. Some studies have shown visible lesions within the stomach after aspirin ingestion<sup>1, 2</sup>.

The best summary of the conflict would seem to be in any case that formulation advances such as the achievement of total solubility of aspirin and the use of buffering has reduced the incidence of unwarranted gastric side effects.

### Speed of action

Large differences can be demonstrated in the rate of absorption of aspirin, depending on the formulation administered. In conventional tablets, absorption rate can be correlated with aspirin particle size, micronised aspirin giving faster absorption and higher peak serum salicylate levels than the un-micronised form. If the aspirin is administered in solution, then absorption is more rapid still, and the incorporation of moderate amounts of buffering agents gives the maximum rate of absorption. Studies have been carried out by Nicholas Laboratories Ltd (unpublished), which illustrate the effect of formulation on aspirin absorption rate (see graph). Formulations which present the aspirin to the consumer in solution (soluble and effervescent forms) result in the highest absorption rates.

The high rate of absorption which is possible with the effervescent formulations enables relief from migraine to be obtained with these products, when conventional aspirin is not effective, owing to the impairment of absorption during migraine attacks.<sup>3</sup>

Of the aspirin presentations available today, for most consumers effervescent formulations offer the best overall performance in terms of palatability, convenience in use, minimisation of gastric side-effects and rapidity of action. Aspro Clear (Claradin) offers these benefits, together with a sufficiently low sodium content to permit long-term administration in chronic conditions.

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## COUGHS & COLDS

# Cough and its treatment

*There are many types of cough, caused by several different factors. Here June A. Bolton, BPharm, MPS, medical services manager, Parke, Davis & Co, discusses coughs and their treatment using the Benylin range as examples.*

The symptom of cough is one of the most frequent reasons for consulting a doctor or pharmacist, particularly during the winter and it is one of the most common and obvious indications of disease of the respiratory system. It is a condition which affects all age groups, the most common cause being upper respiratory tract infection and cigarette smoking.

### Definition

A cough is a reflex act usually caused by stimulation of sensory endings of the vagus nerve in the mucosa of the larynx and trachea, but it may result from the excitation of the afferent vagal endings in the lungs and the pleura. The purpose is to expel particles from the upper respiratory tract and prevent mechanical blockage to breathing. The act comprises a short inspiration, followed immediately by closure of the glottis and a forcible expiratory effort. A high pressure is created within the lungs and lower air passage, the glottis suddenly opens and air is forced through the constricted trachea at speeds up to the speed of sound (760 miles per hour). A strong expiration leads to a stronger succeeding inspiration and thus is produced the vicious circle known as a fit of coughing.

### Causes

While a cough reflex is thought to protect the respiratory tract from harmful substances which are inhaled, clinically cough may be the result of stimulation of the receptors by inflammation of the bronchial mucosa, for example, acute bronchitis, asthma; or by sputum, for example chronic bronchitis or bronchiectasis.

The more common diseases of the respiratory tract are caused by infections. The recognition of the number of viruses known to cause respiratory infection is continually increasing. They are universally distributed, of high infectivity and thus of great economic importance. When cough causes insomnia, respiratory disease such as emphysema, or interferes with general good health, it may be advisable to treat the condition with a cough linctus.

### Therapy

Cough syrups have been used for centuries. Around 1,000 A.D. Arabian physicians prepared syrups and candy from

sugar cane. The medical use of cough syrups dates back to the sixteenth century when Michael Servetus suggested the use of syrup of horehound "to break through sputa". Today treatment depends on the type of cough.

Drugs used are usually divided into two groups. Those employed to treat the *cause of initiation* of the cough reflex and those used to *suppress* the reflex. Syrup itself has a demulcent action but does not have the ability to increase respiratory tract fluid unless an expectorant is present. Cough due to irritation of the pharyngeal mucosa may be relieved by the demulcents and local sialogogues such as lozenges, pastilles and linctus. Such products increase the flow of saliva, which is the normal protective demulcent to mucous membranes in this area. When irritation below the epiglottis occurs bronchodilators such as pseudoephedrine and expectorants such as ammonium chloride are useful. Expectorants increase the amount of respiratory tract fluid and are therefore useful for the "chesty" cough where the sputum is viscid and difficult to cough up. Other examples of treatment of the cause, are antihistamines in allergic coughs, and anti-infectives in coughs due to infections.

The second group are those which suppress the cough reflex. Areas in the medulla oblongata which co-ordinate the initial and auxiliary mechanisms of cough-

*Continued on p708*





A totally soluble aspirin-based analgesic pharmacists can confidently recommend for the relief of pain, including migraine headache.

Following intensive research and trials into soluble vehicles for acetylsalicylic acid, Nicholas Laboratories have introduced a totally soluble aspirin-based tablet, Aspro Clear.

The tablets dissolve totally in water to produce a clear particle free solution which can be ingested with minimum risk of any gastric upset or irritation.

So now you can confidently recommend aspirin in the Aspro Clear formulation to all your customers for the relief of pain associated with headache, migraine headache, flu, muscular pain,

inflammation and other rheumatic symptoms.

It is particularly useful in migraine headache not only because of its high level of bio-availability but also because of its exceptional palatability. It is pleasant to take and is likely to be retained and absorbed even when nauseous symptoms occur.

Each tablet contains: Aspirin PH. Eur. 300mg, in an effervescent base equivalent to Sodium Bicarbonate 600mg, and Anhydrous Citric Acid 400mg. Samples and data sheets available on request from Nicholas Laboratories Limited, 225 Bath Road, Slough, Berks. SL1 4AU.



**New Aspro Clear.**

Aspro is a Registered Trade Mark.



## COUGHS &amp; COLDS

# Do stocks equate to peak demand?

When it comes to the coughs and colds market the chemist appears to know his business on stocks. However, end-of-winter flu and new brands with high early growth have been known to find retailers with stocks too low at a time when discounts may not be available.

A guide to how stocks relate to seasonal demand can be found from audits on average chemist business across the main winter remedy markets. The table compares figures for a leading product in each category for the traditional buying-in months of early autumn, pre-Christmas and New Year peaks.

Divergences can arise according to whether direct or wholesale purchasing is involved and to different manufacturers' selling cycles. Apart from local and regional variations, which should override other information, probably the best policy is to "follow the leaders" when considering stocks and display. A constant complaint from some manufacturers is that chemists' display practice does not follow the brand share principle. However, only the individual retailer can decide if stocking lesser brands is an asset to his business when pressures on funds and space are high. A wide consumer choice may be the reason for customer patronage of a corner shop in preference to the lower prices but restricted choice of the High Street competitor.

## Analgesics

The analgesic market is estimated to be £29 million at retail selling price of which chemists can claim over 60 per cent of sales. John Clark, Disprin product manager, Reckitt Pharmaceuticals, claims Disprin (including Junior Disprin) to be the leading brand within the chemists' sector whilst International Chemical Co Ltd claim the overall brand leadership for Anadin. Total sales grew by 19 per cent during 1975-76 helped by the flu outbreak.

Advertising expenditure on Disprin this year will be in the region of £500,000 using television and women's magazines. John Clark says their advertising approach is based upon consumer research findings that 60 per cent of headache sufferers try a walk or fresh air before turning to analgesics. Believing that to be the most responsible way to promote a product, that is, by endorsing the public's attitude, Reck-

itt refer to the campaign as "common sense cures". Sales of Disprin show little seasonal fluctuation.

Anadin television advertising, consisting of 30 and 15 second commercials, is expected by the man-

ufacturers to reach 88 per cent of all adults. The message will be "For colds and flu nothing acts faster than Anadin". The campaign continues all year round and International Chemical Co Ltd say more is spent on advertising Anadin than on any other competitive brand.

Aspro Clear, a relative newcomer to the analgesic market, has made steady progress, says Nicholas Laboratories marketing manager, Graeme Hannah. Nicholas are spending over £600,000 on advertising over the coming twelve months which they feel probably puts

*Continued on p711*

## Independent audit into stocks of one leading product in each category

	Chemists regularly stocking %	Those out of stock %	Those about to buy %	Average units/month	Months cover
<b>Cough</b>					
Autumn	96	3	81	7½	4.4
Early winter	97	1	79	11	2.8
Late winter	97	nil	80	12	2.3
<b>Sore throat</b>					
Autumn	95	5	60	10	4.0
Early winter	95	3	66	15	2.7
Late winter	91	5	60	15	2.6
<b>Analgesic</b>					
Autumn	99	1	89	33	3.6
Early winter	99	nil	76	44	2.8
Late winter	99	nil	76	39	2.5
<b>Lemon remedy</b>					
Autumn	98	1	89	21	4.3
Early winter	97	nil	82	36	2.5
Late winter	98	nil	80	32	2.2
<b>Night remedy</b>					
Autumn	85	2	63	6	6.0
Early winter	85	4	60	14	1.8
Late winter	86	5	64	12	1.8

## Cough and its treatment

*Continued from p706*

ing may be depressed by the use of narcotics such as codeine and non-narcotics such as dextromethorphan. Cough suppressants decrease respiratory tract fluid and dry the mucosa.

There is therefore some justification for including apparently antagonistic drugs (cough suppressants and expectorants) in one formulation as cough suppressants tend to dry the bronchial secretions and reduce their mobility, and an expectorant will keep secretions moist and mobile.

It is estimated that 85 per cent of the total sales of cough preparations are sold from pharmacies and over one third of those sales are for Benylin expectorant. It contains the anti-histamine, diphenhydramine hydrochloride, which has been shown to have an antitussive, local anaesthetic and anticholinergic action. This helps to reduce coughing, soothe inflamed membranes and dry up nasal secretions. The expectorant is ammonium chloride. It was the first of the Benylin group to be introduced and now there are

several others in the range to treat most types of cough. Benylin fortified linctus, recently introduced to replace the 125ml Benylin with codeine, contains diphenhydramine hydrochloride and the cough suppressant dextromethorphan hydrobromide, and is recommended for the dry irritating cough.

Some cough preparations are available from all retail outlets and many of these are advertised to the general public through the Press, radio and television. Parke, Davis therefore introduced Parker's cough linctus, which is a chemist only product, to try to capture some of this market. It contains diphenhydramine hydrochloride plus a decongestant and bronchodilator, pseudoephedrine hydrochloride, and is suitable for coughs associated with colds.

For those patients who find it inconvenient to carry a bottle of linctus, Benylin's lemon and cherry flavoured lozenges, containing diphenhydramine hydrochloride, are available. The local anaesthetic and cough suppressant action of the ingredients are useful in the treatment of sore throat and cough.



# All ready now for a **Parker's\*** and **Benylets\*** winter

**ON BONUS NOW!**



From early November, Parke-Davis will mount their two biggest advertising campaigns ever – for Parker's Cough Linctus and Benylets cough and sore throat lozenges, designed to bring customers into your pharmacy.

Look at the panel below to see what advertising is scheduled for your area, and use our free selling aids (especially the unique Benylets merchandiser and the giant Parker's bottle) to get your full share of business. Ask your Parke-Davis representative for your displays or ring our Sales Office, Pontypool 2468 right away.

**PARKE-DAVIS** market leader in the big cough market.  
Parke, Davis & Co., Pontypool, Gwent.

\*Trade mark

## Your Parke-Davis Television and Radio Ad-Guide

Area	Parker's	Benylets
London	Television	Radio (Capital, LBC)
Harlech	Television	Television
South	Television	Television
Anglia	Television	Television
Westward	Television	Television
Midlands	Television	Radio (BRMB, Beacon, Trent)
Lancashire	Radio (City, Picc.)	Television
Trident	Radio (Metro, Hallam, Tees, Pennine)	Television
Border		Television
Scotland	Radio (Clyde, Forth)	Television





## Pulmo Bailly: it even tastes like it's doing some good.

Pulmo Bailly is not like other cough remedies.

For a start, its formulation is so strong that it needs to be diluted with water.

It's a Part 1 medicine so it can only be sold through chemists and cannot be displayed within easy reach of customers.

Finally, Pulmo Bailly has a really strong taste. Children won't take to the flavour. For that matter, neither will many adults.

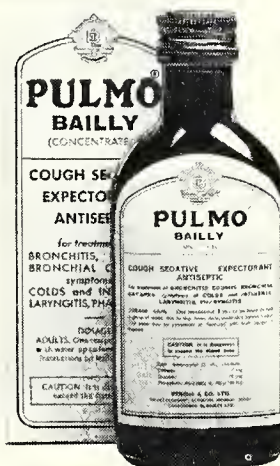
Despite all these disadvantages, thousands of people take Pulmo Bailly for their cough.

Perhaps they think that anything that tastes so bad must be doing them good.

Pulmo Bailly's medically-approved formula contains Codeine to soothe the cough reflex from the brain and Guaiacol to loosen phlegm.

So stock and recommend Pulmo Bailly.

It's the adult remedy for the adult cough.



## Pulmo Bailly

**The adult remedy for the heavy cough.**

Bengue & Co. Ltd., St. Ives House, Maidenhead.

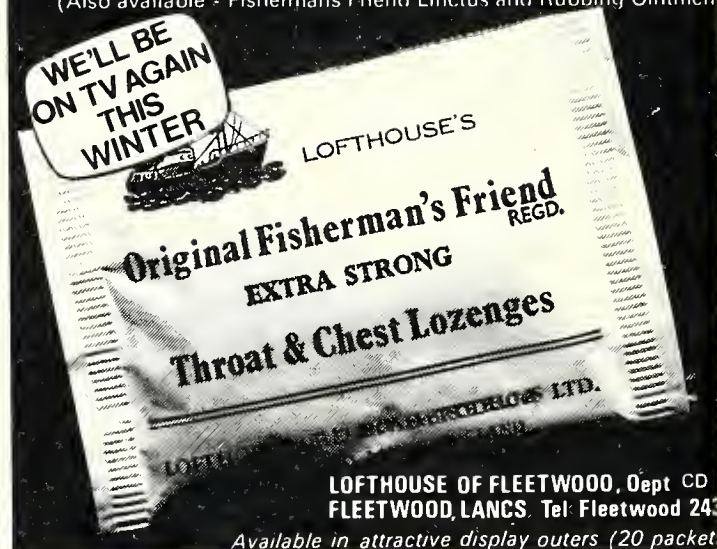
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## COUGHS &amp; COLDS

## Product review

Continued from p708

them in the number two position for media support of a general purpose analgesic. As a spin-off, the Clear promotion has increased sales of Aspro regular. A combined Aspro Clear and Rennie counter top display unit is available. Last winter the Beechams powders range accounted for 11 per cent of all analgesic turnover and is claimed to be the brand leader in the cold treating analgesic sector. Beecham are spending £500,000 on Press and television advertising this winter.

## Hot lemon treatments

Among hot lemon treatments Beechams powders with hot lemon increased its sterling turnover by 19 per cent while Lemsip gained 10 per cent, keeping the products just ahead of the eight cold elixirs. Using independent audit information Reckitt Pharmaceuticals claim Lemsip as a clear brand leader outselling its nearest competitor by almost 2 to 1. Investment on Lemsip for the coming season will be £50,000 using the familiar "brain" television commercial. Beecham are spending £250,000.

## Decongestants

Between September and Christmas, 40 per cent of Contac 400 is sold, hence Penley and James recommend stocking up early. £200,000 of television advertising at peak times between December and March, the largest ever, and 500 commercial radio spots (Capital and LBC) will form the back up for the product and point of sale and display incentives will be available after

Christmas. The manufacturer claims 24 per cent of the oral decongestant market for Contac 400 with continuing growth over the past 12 years and 25 per cent increase in unit sales last year.

International Laboratories Ltd, claim, for this year, a 14 per cent sales volume increase for Mucron and a 40 per cent gain for Mucron liquid. The company points out it is the only nasal decongestant to be advertised all year round. Do-Do, their bronchial cough tablet, gained 12 per cent in volume sales. Both products will continue to be promoted by prime position advertising in national newspapers. International Chemical Co Ltd claim a 9 per cent by sterling and 7.8 per cent units share of the market for Dristan and say unit sales increased by 48 per cent during the past six months compared with the same period last year. A new advertising campaign is to continue through the winter months in national newspapers.

Richardson Merrell Ltd suggest that over 70 per cent of the population suffered from at least one cold during the previous twelve months and that the major symptom complained of was head and nasal congestion. They estimate that nasal decongestants represent around 25 per cent of cough and cold remedies through chemist outlets, representing some £7 million at RSP.

Claiming Vick Sinex as the single biggest brand in the nasal decongestant market, the company says it has been responsible for the doubling of the nasal spray sector since its launch in 1972, achieved by a programme of massive advertising support. Spending behind Sinex this winter will be £450,000 running until March. A new television commercial is planned and radio and Press advertising in several areas is designed to test the responsiveness of the brand to different media.

Last winter, unit sales of Vick Vapo-rub grew by over 10 per cent, even though it has over 70 per cent of the chest rub market through chemist out-



The display stand combining Aspro Clear and Rennie from Nicholas Laboratories Ltd lets, Richardson Merrell say. Support will be by television advertising and detailing to ante-natal clinics and hospital maternity departments.

## Cough medicines

Activity in cough medicines is being stepped up this winter. Advertising seems to be critical to the proprietaries for they achieved 11 per cent more turnover during last winter against much faster increases for prescription brands. However, according to Beecham, the heavily advertised brands kept pace with the "ethicals"—Veno's increasing turnover by 36 per cent, Hills 29 per cent and Buttercup and Galloways 18 per cent each. The total cough medicines market is estimated at £12 million with over one third through chemists. Beecham are spending £200,000 in television advertising for the Veno's range from November to February.

Liqufruta, Buttercup and Galloways give LR/Sanitas market dominance with an estimated 28 per cent unit share of all proprietary cough medicines. One feature of the market is that it is regionalised. Galloways for example is strongest in London and the South while Buttercup is LR/Sanitas' biggest seller in the North. Advertising support is therefore regional and a new honey and lemon Galloways will be on London area television from November to January. Southern and Anglia must wait until December. Buttercup is to be advertised on Wales and West television during December and January. Liqufruta, LR/Sanitas' biggest selling cough medicine, will receive increased television advertising. A total of £385,000 will be spent on TV for all three brands.

Covonia from Thornton and Ross Ltd will be advertised and featured in leading women's magazines and news-



A scene from the Beechams powders with hot lemon television commercial

Continued on p713



# Four great commercial breaks from LR+Sanitas



## Galloway's

Watch out for our great new 'Honey & Lemon' syrup plus two new flavours in Big G sweets! Backed by TV advertising starting this November and appearing in the London, Southern and Anglia TV areas. Remember it's Big G by Galloway's — the brand leader of the South. Order extra stocks now to meet the demand.

## Buttercup

Brand leader in the North! Sales volume up by over 12% last winter and still growing! Our highly effective family commercials will run in Yorkshire, Midlands, Tyne Tees and Lancashire. And there's an extra boost for Scotland this year, and a hard-hitting campaign for the first time in Wales and Westward. Order the new 'Cherry Menthol' and 'Menthol & Eucalyptus' sweets plus extra stocks of the 'Original' and 'Honey & Lemon'.



## Liqufruta

Even more national TV advertising! It's great news for your business. The same commercial has already boosted sales by 34% in the last 18 months! By stressing the natural herbal ingredients of Liqufruta, the product has established a unique position in the market. Don't forget to order the pastilles as well this year, and take full advantage of successful TV advertising!

## Ralgex

The fastest growing brand on the market and still growing strong! Now with Embrocation as a new addition to the range! Last year's TV campaign, using this same commercial, resulted in a staggering 51.5% increase in sales. It demonstrates that Ralgex is ideal for all the families' aches and sprains. That's why we can expect the same kind of success with this year's advertising!

*More varieties! Extra TV advertising!  
It's bound to mean exciting commercial breaks for  
your business. Order extra stocks today!*



# LR+SANITAS

LR/Sanitas Ltd, Sanitas House, Stockwell Green, London SW9 9JJ. Order office: 01-274 2076.



## COUGHS &amp; COLDS

Some of the pastille range from Potter and Clarke Ltd



# Product review

Continued from p711

papers during the December-February period. Hill's balsam products will appear in the national Press during the winter. International Laboratories' £50,000 campaign will repeat the slogan "Hill's don't give coughs a chance".

Dominating the cough linctus market is the Benylin range from Parke, Davis & Co, as a result of support and recommendation from pharmacists. Parker's cough linctus is set to expand upon last season and the company says it will be the most heavily advertised chemist-only cough product this season. Television coverage has been increased to include London, Southern and Midlands in addition to last year's HTV, Anglia and Westward, reaching 60 per cent of the population. Parke, Davis feel that Parker's main advantage is in obtaining preferential display space because of its chemist-only nature.

The Wellcome Foundation Ltd say

that Actifed compound linctus is showing less seasonal variation than might be expected, with 60 per cent of sales between September and February.

## Lozenges and confectionery

Chemists appear to show little interest in confectionery associated brands despite massive advertising and an estimated £19 million market. However, Halls Mentholiptus and Fisherman's Friend from Lofthouse Ltd seem to achieve the chemist's support. Display is often an important feature with such products. Halls Hudnut Ltd say their Mentholiptus range has been the fastest growing brand over recent years

offering a complete range to cater for all tastes. The range will see its heaviest ever national television support at £300,000 using the "Vapour action" theme. Radio support will be Capital and LBC in London.

Throaties from International Laboratories Ltd will be featured in national Press advertising, as will Potter's catarrh pastilles. Potter and Clarke Ltd say their theme appeals to the growing belief that it is better to let a cold run its course.

Television coverage for Benylets has been extended to include Yorkshire,

Continued on p715



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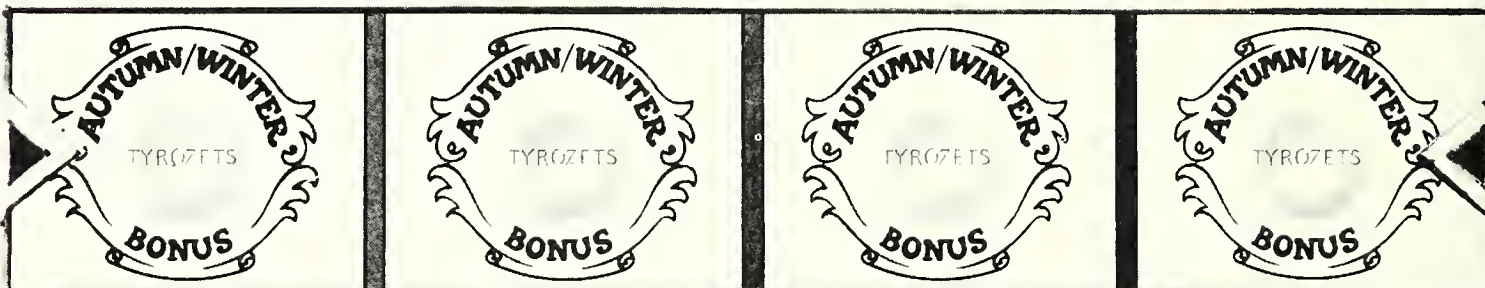
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## COUGHS &amp; COLDS

# Sneezing can be a give-away

The way you sneeze can reveal a lot about your character, according to a report on the psychological aspects of colds and sneezing, from Kimberley-Clark Ltd. The report says you are more vulnerable to succumbing to any illness, but in particular the common cold, at a time when you are emotionally disturbed, for instance, after a broken marriage or romance, when changing your job or moving house, when you have financial worries—or when things just aren't going your way. It's because your internal resources, both physical and psychological, are low and you're not able to fight back.

Psychologists have been interested in non-verbal communication (body language) in recent years. The way in which people use these non-verbal signals can be quite revealing of their personality, says the report.

Just as some individuals show by posture and speech that they are either confident and assertive or shy and withdrawn, so there are individual differences in the way people sneeze. Some sneeze in an explosion—without any attempt to control. This is likely to indicate a general attitude of assertion or defiance: an unwillingness to compromise. But with this sort of person the reaction immediately after they have sneezed may be even more revealing. Those who smile or make some sort of joke about their behaviour are likely to be friendly, sociable and outgoing, whereas those that make no response at all, or who just glower, may be the more aggressive type.

Others of course, try to cover their sneeze or even to stifle it completely. To some extent, say the psychologists, this is a reflection of the cultural expectations in our society. But it can be a sign of sub-

missiveness. Although sneezing is to a large extent unavoidable, it also involves a deliberate manipulation of cues, to convey clues about ourselves to others. The "apologetic" sneeze can reveal an attitude of self-effacement, a wish to avoid attracting attention from others.

Because there seems to be nothing medicine can do to cure the common cold, what is the psychologists' advice to help build up our bodily defences and get ourselves in the right frame of mind to throw it off, once we've succumbed?

Retire to a warm room armed with a hot toddy and a box of tissues. The alcohol relaxes you and cheers you up, and the



tissues, they say, are more "optimistic" than a soggy hanky. They have connotations of being clean, fresh, dry and immaculate—the opposite of the way you're probably feeling! And because psychologically and physically it's comfort we're after it also helps to have a little sympathy and someone around to play nurse.

## Product review

*Continued from p713*

Lancashire, HTV, Westward, Southern and Anglia and together with Scotland and Tyne-Tees should ensure viewing by 60 per cent of the population. London and Midlands areas will receive local radio advertising. Parke, Davis expect Benylets to achieve brand leader status in the lozenge market this winter.

### Night time elixirs

The fastest growth last year among cough and cold products was exhibited by the night time elixirs—Beecham's Night Nurse and Vick Medinite, achieving a 50 per cent turnover increase on their launch winter. Further growth is still expected and sales are linked to advertising and incidence of flu.

Richardson and Merrell Ltd say that last winter Medinite achieved retail sales of £2.4 million and a unit sales

growth of 30 per cent on the previous year, giving it brand leadership although Beecham suggest an equal share is more accurate. This winter the advertising campaign for Medinite will run for six months at a cost of £550,000. The two television commercials will feature "mother-in-law" and a younger couple. Besides the advertising, the company says another reason for Medinite's growth was the introduction last winter of a smaller size designed to give new buyers a chance to try the product. Beecham spending will be £500,000 with a new series of television films. Night Nurse is claimed to represent a 7½ per cent price saving per purchase having eight doses per unit.

### Pavacol-D pack change

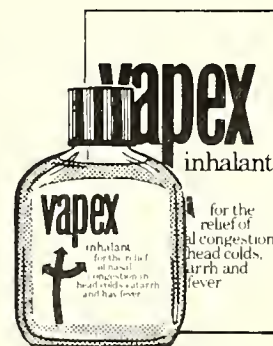
WB Pharmaceuticals Ltd, PO Box 23, Bracknell, Berks, have discontinued the 500ml pack of Pavacol-D and replaced it by a 250ml size. The 100ml pack continues to be available.

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Irish Pharmaceutical Congress (continued from p696)

## Ireland's drug problem: the dangers of delay

Ireland's drug addiction problem is small at the moment, but if the professions—both official bodies and individual members—do not work together to cut down on the too-easy availability of drugs, the problem will be much greater in a few years time. That warning was given to the Congress by Dr M. G. Kelly, consultant psychiatrist-director to the National Drugs Advisory and Treatment Centre, Jervis Street Hospital, Dublin.

Speaking in the session on drug misuse, he alleged that Britain's large increase in addiction could be attributed to the General Medical Council having been dilatory in taking action against a few doctors who were freely prescribing addictive drugs. It was "availability" that posed the problem in Ireland today—yet the sources were only pharmacy break-in and too liberal prescribing by a small group of doctors. The latter had been confined to Dublin, but was spreading. Stopping drug supply at source was especially important because it had not been possible to establish a series of personality traits that would identify the potential drug taker—availability of drugs, particularly in the home, seemed to be the only true indicator. Dr Kelly suggested that a "wrong" home attitude to drugs may be a factor, where mother reached too easily for a tranquiliser or father for a gin and tonic.

### Recognition of abuse

Recognition of drug abuse in the clinic was too late and the cure rate was only some 10 per cent. But it was hard to give guidelines for recognition in the home because drug action could mimic the mood changes of adolescence.

Reviewing the drugs seen being abused at his clinic, Dr Kelly listed hallucinogens, stimulants, sedatives and opiates. Among the first group, the "sniffing" syndrome was increasing worldwide. Few people were seen who could not handle their cannabis problem, but while not wishing to see it legalised, the speaker thought it should be "decriminalised" in relation to those found in possession of small amounts. The drug destroyed perception and caused a "drop-out syndrome", but its very benignness hooked young people in their early years—they lost the motivation to work and eventually became unfit for work. LSD was now less of a problem because the young realised it was "too hot to handle"—but many had had to die before the lesson was learned. Barbiturates plus alcohol constituted the biggest problem at present because of

availability; users were the "skid row drunks of the drug scene."

But it was not always the intrinsic risk of the drug itself that mattered, said Kelly—the number of people exposed was of concern. He criticised the widespread use of antihistamines in cough medicine and teething mixtures, saying again that their benignness was a problem since made them attractive. "They are advertised to an uncritical audience and given to youngsters in the nursery; we may be manufacturing our addicts." The next step was a tranquiliser for an examination or other social stress: "These are used for drugs, but I see the abuse side."

### Cough mixture controls

Later, during the discussion, Mr Miller said he was convinced that unless antihistamine cough mixtures were controlled the problem would grow. The Society should be given powers over its members to control sales of such preparations. Dr Kelly supported control, saying that this was one of the most difficult dependencies to treat since the young people started again as soon as they returned from their gangs—it was another question of availability. The Irish radio advertising preparations containing diphenhydramine (used to give the "kick" to certain other drugs) should not be allowed. Mrs Estelle Leigh, president of the Pharmaceutical Society of Great Britain, pointed out that her Society had taken initiative some years ago in instructing members not to dispense prescriptions for amphetamine powder and later had placed restrictions on sales of chlorodyne and two proprietary cough mixtures.

Professor P. F. D'Arcy, professor of pharmacy, Queen's University of Belfast, advised a questioner doubtful about a pharmacist's right to take action that he must always interfere when he believed it unprofessional to dispense a prescription. He should be prepared to state his reasons in writing—and should warn that a complaint would be sent to the appropriate authorities. Dr Kelly supported such action. There had always been problems in disciplining doctors—when approached by the clinic, the offenders' reactions ranged from "mind your own business" to a senile "I didn't know they were dangerous". Even while disciplinary procedures were being adopted more doctors were coming to notice, particularly in Cork, where only three or four to supply the Du

Concluded on p7



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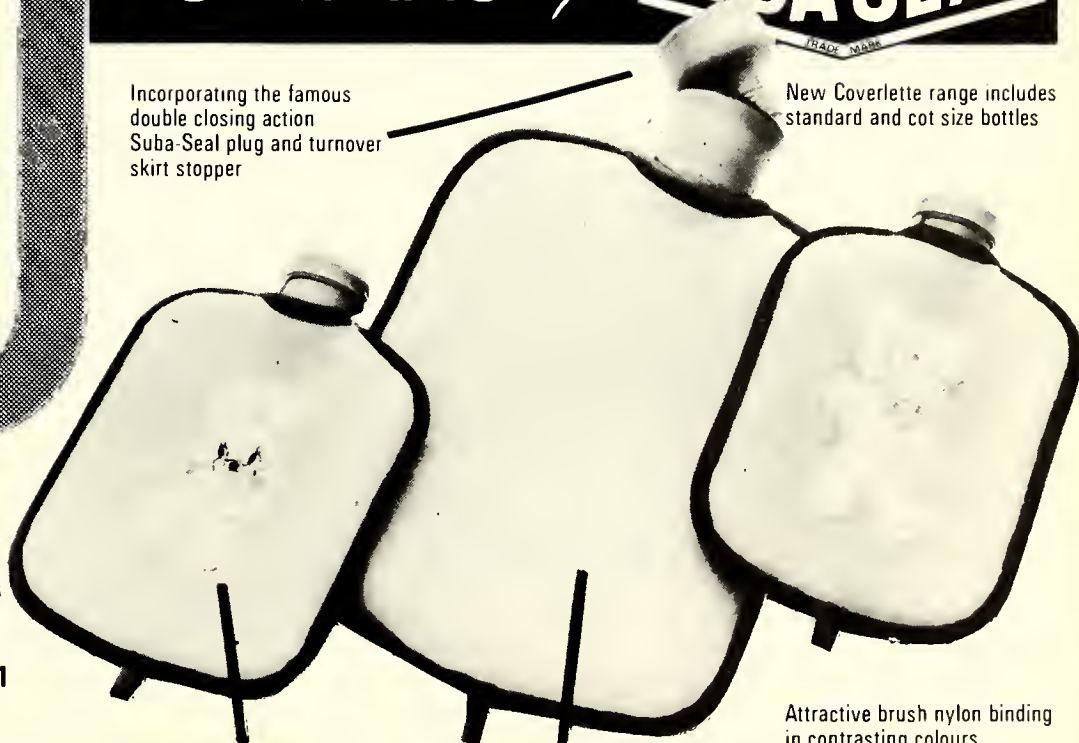


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# Birth rate limited—without contraception technology

The Republic of Ireland seems to be controlling the birth rate without any great contribution from contraception technology, Professor Brian Bonnar, professor of obstetrics, Trinity College, Dublin, told a session on "fertility and infertility". He said that despite the fact that during the years 1965-74 there had been an increase in the number of people in the reproductive years due to a slowing of emigration from the State, the anticipated birth explosion had not occurred. During the same period, contraception technology had hit the world on a massive scale, but it had had most effect in countries without a birth problem. In Ireland, use of contraceptives was by too small a percentage of the population to have any dramatic effect on birth rate. The use of the ovulation method of fertility control had developed among women themselves, *despite* the medical profession, and Ireland was now taking part in a sixteen-country WHO study into the method.

Professor Bonnar said the problems of the third world would not be solved by contraception technology: high birth rates would continue so long as there were no guarantee that a child would grow up.

Detailing some of the advantages of the "pill", the speaker said that the professions received selected information,

hearing more about benefits than about discontinuation rates, for example. The "pill" was the most effective therapy for the prevention of pregnancy, it reduced menstrual loss, (of vital importance in developing countries where anaemia is endemic in women); there was inhibition of benign breast lumps, diminution of ovarian cysts and possibly even of peptic ulceration; there was no certain evidence on cancer either way. The disadvantages of the "pill" included significantly increased risks of myocardial infarction, thromboembolic disease and gall bladder disease, and about 20 per cent of patients did not deliver a child two years after stopping therapy (usually overcome by artificial stimulation of ovulation). From recent studies Professor Bonnar argued that it was no longer true to say that in the developed world the risks of pregnancy were greater than those of the "pill". For the younger woman it was a highly effective and safe therapy, but in older age groups the death rate equalled the combination death rates from cervical and breast cancer—"unacceptable in these islands". There was no case for stopping the "pill" precipitately, but it was important that the search for safer methods should be continued.

The speaker felt that intensive prom-

otion by the pharmaceutical industry had played down the disadvantages of the "pill"—the drug companies told half truths about their products and Professor Bonnar suspected that that would eventually react against the companies.

Dr Esther Bradley, a marriage counsellor, spoke on psychological aspects of fertility and infertility and Professor Briar Leonard, professor of pharmacology University College, Galway, discussed the drugs used.

During the discussion Mrs Mary Barry Thurles, said that successive Irish governments had been irrational in their approach to family planning. They had made the sale of contraceptives illegal, but had failed to sponsor teaching and research into natural methods. Professor Bonnar agreed, but pointed out that the ovulation methods did not have the pharmaceutical companies behind them. However, it might be necessary for Government to support research into all methods rather than one only.

## Practice and science papers

Two simultaneous practice and science sessions were held at the final afternoon of the Galway Congress. The following are points from some of the papers presented.

### Security consciousness

Security surveys of pharmacies and their stores and outbuildings were recommended by Sergeant Neil K. McCready, Garda crime prevention unit, Dublin. Everyone, from the housewife to the company executive, was involved in crime prevention: "We must develop a sense of security consciousness; we must also accept that in this present social situation, security is no longer just a matter of walls, fences, gates, doors, locks, grills, meshes, bars and burglar alarms—it is also an attitude of mind which accepts the need for constant vigilance and the need to implement a security orientated routine by yourselves, your employees and your families."

Sergeant McCready reported that there had been 459 break-ins at chemists' shops in the Republic between January and early September this year; most of these (321) were in the Dublin area.

### Patient drug profiles

A simple patient drug profile system was described by Mr Vincent Cronin, Balbriggan. In use for the past three-and-a-half years, the system uses 4×6in cards for recording drug therapy, rather than the traditional prescription book. A separate card is used for each patient with the patient's full name and address and age where it is of importance. The card is divided into five columns, used for date of entry, prescription item number, nature of

*Continued on p720*

## Drug abuse problem *Continued from p716*

lin market, said Dr Kelly, yet the 1,000 attending the clinic each month indicated the size of the problem. The new Misuse of Drugs Act should be brought fully into operation next year—Ireland had Britain's example that delay spells disaster.

### Drug reaction monitoring

Recording adverse drug reactions should be as mandatory as recording the diagnosis in hospitals, said Professor R. F. Timoney, dean of the College of Pharmacy, Dublin, in a further paper in the "misuse" session. He recalled that the National Drugs Advisory Board has been conducting a continuous survey of reactions in Ireland since 1968, but it is estimated that only about 15 per cent of the actual number of side effects are being reported, of which only 25 per cent are received from hospitals. Taking adverse haematological reactions as an example, the speaker said they ranked among the commoner and more serious drug-induced diseases, yet represented less

than 5 per cent of reported reactions during the period 1968-75.

Professor Timoney suggested that Ireland might improve its reporting system by, first, providing a feed-back to clinicians to increase their motivation for reporting, and second, carry out intensive monitoring for certain new drugs and those already believed to cause reactions.

Another topic in the session was drug interactions, the paper being given by Professor D'Arcy [it is hoped to publish an extended version of this paper at a later date—Editor]. During the discussion, Professor D'Arcy criticised polypharmacy, suggesting that doctors could often treat conditions in order of priority rather than run the risk of interactions by prescribing many drugs together. The industry was also at fault for not having fully investigated interactions in the past (the registration authorities are now asking for this information, however); also alcohol should be remembered as a common component of interactions.





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## Irish Congress

Concluded from p718

drug plus dosage and repeat requirements, initials of doctor or pharmacist if pharmacy-prescribed, price and other notes, or record of known idiosyncrasy of patients (sulpha sensitivity for example).

Mr Cronin said the system had many advantages over the prescription book—the patient's complete drug history is available at a glance, instead of being spread throughout the prescription book or books. The chores associated with the prescription book, such as the long form of entry, the necessity for day to day indexing, time consuming searches for repeats when patients forget containers or prescriptions, together with inflexibility when more than one pharmacist is dispensing are not applicable to the card system. The disadvantages included limited application for the pharmacy located in the city centre or serving a large catchment area.

### Surgical appliances

Community pharmacists were encouraged to stock and become more knowledgeable on surgical appliances by Mrs Kay Murphy, pharmacist at Galway Regional Hospital. Reviewing some of the products required by patients in relation to diabetes, incontinence, colostomy, ileostomy, oxygen therapy, etc, the speaker stressed the useful role that the medical and nursing professions believed the pharmacist could play. However, contributors to the discussion were highly critical of the supply systems adopted by manufacturers, especially when agents were used in Ireland rather than the usual wholesale channels.

### Reducing digoxin toxicity

Digoxin toxicity is currently between 10-20 per cent, and in some clinical settings more than 50 per cent of patients have been shown to possess digoxin levels outside the normal therapeutic range, according to Mr D. W. G. Harron and Mr P. S. Collier, Queen's University of Belfast. They argued that Withering's (1785) suggested dosage regimen — "*continue the medicine until the urine flows or sickness or purging take place*," is comparable to recent intuitive prescribing.

Recent research on compartmental modelling has indicated that with simultaneous fitting of blood and urine data, using nonlinear regression analysis, the pharmacokinetics of digoxin are best represented by a three-compartment model in IV dosing, and a two-compartment model with oral dosing. The authors concluded that a dosage regimen based on these models may reduce the level of toxicity in the clinical setting.

# Pharmacists' low pay threatens NHS

The whole of the NHS is threatening to crumble because of the Government's refusal to pay pharmacists enough to keep them in business, Mr Jim Bannerman, member of Council and past president of the Pharmaceutical Society said last week.

Speaking at a Conservative Medical Society symposium on health care finance he said, "The health service must be seen as one unit; it is one edifice constructed with all the integral parts necessary for its efficient functioning. Those parts are interdependent and cannot serve the patient in isolation. If one of those parts starts to crumble, then there is considerable danger for the edifice as a whole. Our concern for the service as a whole must, therefore make us concerned for all the parts of the service."

Nearly one third of Britain's retail pharmacies had disappeared in recent years and the process continued unabated. "We have to face the fact that the pharmaceutical services have already begun to crumble because the Government have failed to recognise the danger and just will not pay enough to make many small pharmacies viable," Mr Bannerman continued. "Every day 100,000 people seek specific advice and guidance of a pharmacist on primary health matters. If pharmacies continue to close at the present rate, the GP would simply be quite unable to cope with this additional work."

### Great outcry

Many communities would soon be deprived of pharmaceutical services. "This is bound to lead to a great outcry from the general public, consumer groups and Community Health Council's who will demand a better distribution of pharmacies throughout the country. But these demands will come too late if the Government does not waken up very quickly to the extent of the problem and pay the pharmacist a proper reward to ensure that the smaller ones do not go to the wall." Mr Bannerman added, "the Health Services should not become a political football. Party politics should not become involved and produce see-saw policies as the professions have to plan ahead. People are more important than party policies and this is particularly true in the NHS."

Professor Peter A. Parish, professor of clinical and community pharmacy, Welsh School of Pharmacy, told the symposium that generous prescribing led to much wastage of medicines for which the NHS could ill afford to pay. And millions of pounds were spent on inappropriate med-

icinal treatments, some of which were unsafe. Any medicinal treatment was a balance between benefits and risks for the individual patient yet NHS deficiencies included the failure of doctors to apply available knowledge about medicines to the treatment of patients and a lack of knowledge about the incidence of adverse reactions to medicines. Such deficiencies resulted in the uneconomic use of medicines in terms of effectiveness, appropriateness, safety and costs. The deficiencies could be reduced by improving the education of the providers and consumers of medical care.

### Incentives

The Rt Hon Patrick Jenkin, Opposition Spokesman on Social Services, suggested that a system of incentives would produce much better use of the money spent on the NHS. For example, under the present system, if a group of GPs make a determined attack on their prescribing costs they are unable to see the benefit in terms of improved facilities in their area. He also found it difficult to believe that patients would object to increased prescription charges if they knew it would lead to a improved service. The prescription charge had not gone up since 1972.

Mr Jenkin argued that more money could be raised with less outcry from the public if part of the cost could be transferred to a specific Health Insurance Contribution, rather than from taxation. Other countries with such a contribution did not seem to face the "same awful problems that we are facing." A Conservative Government would consider any proposals from the Royal Commission on the NHS for transferring some of the health care costs from tax to insurance.

Speaking on the value of an independent pharmaceutical industry, Mr George Teeling-Smith, director, Office of Health Economics, said that if the industry was to flourish and to innovate, patent protection was essential. This had recently been strengthened in Britain but in countries with weak patents such as Canada pharmaceutical innovation was impossible. The independent industry had always been the pace-setter for quality and safety in medicines.

Finally, Mr Teeling-Smith maintained that the present supply of prescribing information from both commercial and non-commercial sources must be allowed to continue if doctors are to reach optimum prescribing decisions for the individual patients.



Queen's University prize giving ceremony

# Do not join the apathetic, students told

giving a warning to students that they should not become involved in pharmaceutical affairs and not join the ranks of the "apathetic and disinterested" came from Mr J. Chambers, president, Pharmaceutical Society of Northern Ireland, at the Queen's University prize giving ceremony recently.

Mr Chambers said if future Society members joined the bulk of present members, who for too long had been apathetic and disinterested, the control of the profession would pass into the hands of bureaucrats. About 85 per cent of the students who qualified each year entered into general practice or community pharmacy. "The kind of pharmacy you wish to practice," said Mr Chambers, "will depend on you, the younger element of the profession and I hope it will be a more professional brand than that of the present. If you are not interested then the bureaucrats will take over the planning of the pharmacy of the future. Planners, once appointed, must justify their existence and they will have no scruples in eliminating adequate pharmaceutical service and replacing it with a diminished service in a very expensive garb. Such planning completely unbalances the health care provided in many areas to the detriment of pharmacy in general. Pharmacies have been closing at the rate of 20 a year over the past 10 years, and the various reasons for this include government planning of health housing and the Health Services."

## Find the panacea

"I can assure you," said the president, "that the Council of the Pharmaceutical Society pursues energetically the cause of pharmacy on your behalf. With your future help and interest we may, together, find the panacea for all our pharmaceutical problems."

Mr Chambers then presented prizes to the students assisted by representatives of pharmaceutical companies and other sponsoring bodies.

Welcoming Professor R. F. Timoney, director, school of pharmacy, Trinity College, Dublin, and other guests Mr Chambers emphasised there had always been a close friendship between the Pharmaceutical Society and the student body. "It was a continuing policy of Council to encourage student participation in every way possible."

Turning to the pharmacist's role, Mr Chambers said extemporaneous compounding and dispensing still took place, but was mostly of historical interest.

Today, medicines were much more potent and specific, and a more accurate definition of the pharmacist's role would be one who has the responsibility for the preparation, potency and safety of drugs and medicines on behalf of the community at large.

Introducing Professor Timoney and inviting him to present the inaugural address, Professor D'Arcy, Queen's University, spoke of the academic links and the ties of friendship and collaboration that existed between the Belfast and Dublin schools of pharmacy. Following custom, he summarised the work of his department during the preceding year; 40 students had graduated and three of those, Miss J. Ballantine, Mr W. J. D. Burns, and Mr K. F. Drain had gained first class honours. Eight students gained second class honours (division 1), sixteen were awarded second class honours (division 2), and 13 gained a pass degree.

## Vintage year

Professor D'Arcy also reported that it had been a vintage year for higher degrees: Mr N. C. Cooper (chief pharmacist, DHSS Northern Ireland) and Mr T. R. Lowther (area pharmaceutical officer, Eastern Health and Social Services Board) had gained the PhD degree of Queen's University following part-time research in the department, and that Mr D. McCafferty (lecturer in pharmacetics) and Mr P. S. Collier (lecturer in pharmacology) had also been awarded the PhD degree by the University. Professor D'Arcy had been awarded the DSc degree of London University for his published work on "Drug reactions and interactions".

Staff members and post graduate students from the department visited Dublin in March for the first joint research seminar. This was held in Professor Timoney's department and was jointly organised by Dr J. A. King (Belfast) and Dr O. Corrigan (Dublin). Ten research papers were presented over the two days. A second joint research seminar has been planned for March, 1978.

The department had been visited during the year by panels from the Pharmaceutical Societies of Great Britain and Northern Ireland who made their five-year inspection. The BSc (honours degree) in pharmacy was recognised by both Societies for a further period of five years. The department also received its five-year visit from the pharmacy panel of the University Grants Committee. Con-

cluding his report, Professor D'Arcy said excellent progress had been made in the final planning of the new pharmacy building; it had reached the stage of tendering, and construction would commence next Easter.

Professor R. F. Timoney, presenting the inaugural address, congratulated the prize winners and those who received their certificates. He reminded them that they belonged to a profession which played an important role in the health services of the community. Pharmacists sometimes forget, or, perhaps, take for granted, he said, that they belong to a profession with statutory rights and obligations. That was something they should cherish and uphold throughout their professional career. He hoped they would give the Society active support so that pharmacy in Northern Ireland would continue to play a responsible and vital role in the health services.

## New degree course

Professor Timoney then turned to the new four-year BSc (Pharm) degree commencing in Trinity College, Dublin. During the first three years the academic courses would be conducted in a similar manner to most pharmacy degree courses in Great Britain and Northern Ireland. However, in the fourth year, it was intended to break away from the conventional departmental contributions, and to offer a course comprising an integration of the pharmaceutical sciences in certain selected areas. The intention was to offer two elective courses in the final term of the fourth year. One would be offered to those who intend to enter either general practice or hospital pharmacy and would comprise special courses in clinical pharmacy, veterinary pharmacology, small-scale manufacturing in hospital pharmacy and pharmacy management. The other was intended for students who wished to proceed to higher degrees in the pharmaceutical sciences. It would be a multidisciplinary course consisting of practical work (limited projects) supported by lectures and tutorials on themes concerned with the design and evaluation of new pharmaceutical formulations. Lectures in forensic pharmacy would be given to fourth year students, but there would be no university examination in the subject; graduates would not be eligible for examination in that subject until they had completed the one-year practical training requirement.

## Prize winners

The prize winners were: W. J. D. Burns (PSN1 medal for outstanding merit in final year; £10.50 for distinction in level 3 (final year) studies; £10.50 for distinction in pharmaceutical chemistry level 3), K. F. Drain (PSN1 £10.50 for distinction in pharmacology level 3), Miss J. Ballantine (Evans Medical £15 for distinction in pharmaceuticals level 3), A. C. Mulvenna (Boots Co Ltd £10 for best project final year level 3), M. G. Scott (UCA associates section £10 for distinction in level 2 studies; Smith Kline & French £10 for distinction in pharmacology level 2; Smith & Nephew £10 for distinction in pharmaceuticals level 2; Galen Ltd £10 for distinction in pharmaceutical chemistry level 2), Miss M. E. A. Cooper (ICI £10 for distinction in dispensing level 2), Miss E. I. Shields (Parke, Davis £10 for distinction in pharmaceutical legislation level 2), Miss E. P. McErlean (Roche £10 for distinction in level 1 studies).



# Company News

## Polaroid sales and profit break previous records

World-wide sales of Polaroid Corporation in the third quarter of the year amounted to \$254m, an increase of 7 per cent over the same period of 1976, and net earnings were also up 7 per cent at \$20m. The president, Mr William J. McCune, said that both domestic and international operations produced record sales in spite of increased competition in the USA and, more recently, abroad. Further growth in profit had been restrained by increased research and development expenses and expanded marketing programmes, especially outside the USA.

Sales and profit were also at record levels in the first nine months of the year. Sales were \$695m, an increase of 7 per cent over the first nine months of 1976, and net earnings were up 14 per cent at \$54.5m.

## Three companies bidding for Redfearn Glass

United Glass Co Ltd are reported to be contemplating a take-over bid for Redfearn National Glass Ltd. The Monopolies Commission is already investigating offers from Rockware Group Ltd and the American company Rheem International. United Glass is a jointly owned subsidiary of Distillers Co Ltd and Owens-Illinois of the USA.

United Glass expect industrial sales of glass containers in the UK to increase at least 4 per cent, and possibly 6 per cent, this year. Next year it is anticipated that the total UK market for glass containers will rise another 2 per cent. The Price Commission is currently investigating bottle prices but an interim increase has been allowed pending its findings.

## Paterson Zachonis expect UK profit to increase

Paterson Zachonis & Co, whose subsidiaries include Cussons and Odex Racasan report a pre-tax profit of £18.2m in the year to May 31, compared with £19.1m the previous year. This was the first full year since the acquisition of Odex Racasan and, in addition, there was a change in the status of the company's operations in Nigeria during the year. Calculated on a comparable basis to the 1976 figure, the pre-tax profit would have been £24.3m.

Turnover was £145m (£203m on a comparable basis to 1976), compared with £163m. The contribution to profit of

the UK members of the group was less than in the previous year, due to considerable capital expenditure to improve efficiency and the reorganisation involved. However, the company expects that the measures will result in higher profit in future years.

## LRC loan stock converted

More than 94 per cent of LRC International's 8 per cent convertible unsecured loan stock 1990/95 has been converted, representing £4,507,549 out of £4,748,637 in issue. This means that a further 5,224,729 ordinary shares were allotted on October 28.

Expansion projects currently in progress include the construction of a £3m latex rubber houseware factory near Penang, Malaysia, and a \$2m toiletries factory for the US subsidiary Schmid Laboratories at Anderson, South Carolina.

## Alza revenue halved

The total revenue of Alza Corporation in the three months to September 30 amounted to \$1.2m, compared with \$2.2m in the corresponding period of 1976. Sales accounted for \$770,000 (\$2m), the remaining \$462,000 (\$150,000) being research revenue. Expenditure on research and development was \$1.7m (\$1.9m), and the net loss for the quarter was \$3.5m (\$3.3m).

### Briefly

**Steetley Co Ltd** have issued a brochure outlining their products and main applications. The products include botanical drugs, food esters and enzymes, sorbitol and sorbitan emulsifiers, cetrimide, filter aids and talc.

**Tate and Lyle Ltd** plan to build a £10m plant in the Liverpool area to produce sugar-based chemicals such as sucrose surfactants and microbial polysaccharides. It is expected to come into operation early in 1979 and will provide employment for about 100, rising later to more than 300.

**National Starch and Chemical Corporation** and Raisio Tehtaat of Raisio, Finland, have agreed in principle to form a joint venture for the production of polyvinyl acetate polymers and copolymers in Finland. Under the agreement, National will purchase 50 per cent of the shares of Oy Raikem Ab, the chemical division of Raisio Tehtaat.

### Appointments

**Philips Electrical Ltd:** Mr R. L. Packham has been appointed market manager for personal care appliances. He joined the company in 1971 as an assistant product manager in the lighting division, and two years ago became product manager responsible for the Philishave and Ladyshave ranges. Mr S. B. Newbold, who becomes market manager for home and kitchen appliances, joined Philips in 1973



Mr R. L. Packham

as an operational research analyst in the consumer marketing research department. Mr D. J. Martin joined the electrical appliances division on November 1, a commercial engineer, personal care appliances. He was previously with BICC

**Carnation Foods Co Ltd:** Mr Malcolm Farquharson and Mr Mike Bostock have joined the marketing team. Mr Farquharson, who takes over the Build-up and Slender brands, was formerly with Cadbury Typhoo Ltd, and Mr Bostock who takes over Go-Cat, was a product manager with Beecham Foods Ltd for the past three years.

**Pfizer Ltd:** Dr J. K. Morrison has been appointed director of licensing for Europe. He joined the company at Sandwich in 1958 and was director of research at the Sandwich laboratories from 1963 to 1971. In 1968 he became a vice-president of Pfizer International and subsequently transferred to New York to assume the responsibilities of medical director.

**Kodak Ltd** have appointed Mr Dennis Bell to take over the Glasgow and West of Scotland territory from November 1, following Mr Jack Wright's retirement (see page 689). Mr Bell joined Kodak in March 1974, first as an assistant at the Scottish sales centre in Glasgow, and then at the dealer sales training group at the Kodak Marketing Education Centre Hemel Hempstead, Herts.

**Shulton (Great Britain) Ltd:** Mrs Ora Gordon has been appointed deputy director of the fine fragrance division which handles in Britain Parfums Nina Ricci, Carven, Cardin de Pierre Cardin and Cardin pour Monsieur. Mr Iain Forsythe, who hitherto has directed this division, now takes over his new responsibilities as director of Fine Fragrances, International Division of Shulton Inc, where his responsibilities will cover most of the world except the USA and Canada.





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# Market News

## Rising £ helps prices

London, November 2: The decision of the British Government to abandon its policy of holding sterling down at an artificially low level against the US dollar from Monday helped lower the cost of many of the imported commodities in which this report is interested. Forward rates of many spices are down but it will be some weeks before the new rates are reflected in spot offers. Pepper, pimento, cloves and cinnamon featherings were among the items affected. In aromatic seeds Indian celery and Moroccan coriander were lowest. In the case of botanical drugs the currency changes are expected to take more time to filter through so far as the shipment position applies. This week's market report shows a number of dearer items including balsam Peru, hydrastis, kola nuts and witchhazel leaves. Aloes was weaker and also balsams Canada and copaiba, benzoin, buchu, cherry bark, cascara and Russian liquorice root.

Stilboestrol, lignocaine and choline dihydrogen citrate are dearer in pharmaceutical chemicals. Anise, citronella and sandalwood were lower in oils.

## Pharmaceutical chemicals

**Brucine sulphate:** £45.00 kg  
**Choline:** (500-kg lots) bitartrate £2.25 kg; dihydrogen citrate £2.40.  
**Dextromethorphan:** £156.20 kg; £155.20 kg in 5-kg.  
**Dihydrocodeine bitartrate:** £535 kg in 20-kg lots. Subject to Misuse of Drugs Regulations.  
**Hydroquinone:** One-ton lots £2.43 per kg; 500-kg £2.52 kg.  
**Lignocaine:** (25-kg) base £11.07 kg; hydrochloride £11.17.  
**Methadone hydrochloride:** Subject to Misuse of Drugs Regulations, £1.33 per 5-g.  
**Phenobarbitone:** in 50-kg lots £11.50 kg; sodium £12.50.  
**Sodium acetate:** BP crystals £0.81 kg in 50-kg  
**Sodium acid phosphate:** BP crystals £1.07-£1.14 kg for 50-kg lots.  
**Sodium benzoate:** £0.5459 in 500 kg lots.  
**Sodium bicarbonate:** BP £90.54 metric ton minimum 10-ton lots delivered UK.  
**Sodium carbonate:** Anhydrous £212 per metric ton.  
**Sodium chloride:** Vacuum-dried in 10-ton lots £26.59 metric ton delivered London.  
**Sodium citrate:** Granular £739 metric ton; powder £754.  
**Sodium fluoride:** in 50-kg lots £1.585 kg.  
**Sodium gluconate:** £720 technical (1,000 kg).  
**Sodium hydroxide:** Pellets BP 1973 in 50 kg lots £0.72-£0.93 kg; sticks £3.731 kg.  
**Sodium nitrate:** Recrystallised £0.72 kg for 50-kg lots.  
**Sodium nitrite:** BPC 1973 £0.79-£0.96 as to maker for 50-kg lots.  
**Sodium pantothenate:** (Per kg) £14.42; £13.42 in 5 kg lots.  
**Sodium perborate:** (per 1,000 kg) monohydrate £479 tetrahydrate £283.  
**Sodium percarbonate:** £375.50 per metric ton.  
**Sodium sulphate:** Fine crystals BP £75 per metric ton, pea crystals £99.90; Commercial £34.60.  
**Sodium sulphite:** Crystals £0.1948 kg (250 kg minimum).  
**Sodium thiosulphate:** photo grade £151 per metric ton.  
**Stilboestrol:** BP in 25-kg lots, £115.50 kg.

## Crude drugs

**Aloes:** Cape £1,180 ton spot; £1,150 cif. Curacao £2,300 cif.  
**Balsams:** (kg) **Canada:** easier at £11.50 spot; £11.40, cif. **Copaiba:** £2.10 spot; £2 cif. **Peru:** £6.20 spot; £6.08 cif. **Tolu:** £4.30 spot.

**Benzoin:** Block £105 cwt spot; £104 cif.  
**Buchu:** Rounds £2.20 kg spot; £2 cif.  
**Cascara:** £1,000 metric ton spot; £975 cif.  
**Cherry bark:** spot £850 metric ton; £800 cif. new crop.  
**Cinnamon:** (cif) Seychelles bark £460 metric ton, Ceylon quills 4 o's £0.81 lb; featherings £350 metric ton.  
**Cloves:** Madagascar or Comores £3,950 metric ton, cif.  
**Dandelion:** New crop for shipment £1.45 kg cif.  
**Hydrastis:** (kg) £9.85 spot; £9.80 cif.  
**Ipecacuanha:** (kg) Costa Rica £10.20 cif.  
**Kola nuts:** £375 metric ton, cif, nominal.  
**Mexican 15%:** £1.65, cif, nominal.  
**Liquorice root:** Chinese £400 metric ton cif. Russian £350 spot; £340 cif. new crop. Block juice Iranian spray dried £1.65.  
**Menthol:** (kg) Brazilian £9.80 spot and cif. Chinese £9.70 in bond; £9.00 cif.  
**Pepper:** (ton) Sarawak black £1,370 spot; £1,260 cif. White £1,825 spot; £1,730 cif.  
**Pimento:** Jamaican £1,120 ton, cif.  
**Seeds:** (metric ton, cif) **Anise:** China star steady at £8.40. **Caraway:** Dutch £1,050. **Celery:** Indian £820. **Coriander:** Moroccan £720 (Oct-Nov); Indian £550. **Cumin:** Egyptian £1,030; Turkish £1,040. Iranian £1,100. **Dill:** £175. **Maw:** £600.

## Essential oils

**Anise:** (kg) Spot £16.50; shipment £14 cif.  
**Cedarwood:** Chinese £1.22 kg nominal spot; £1.35 cif.  
**Citronella:** Ceylon £1.32 kg spot; and cif.  
**Sandalwood:** Mysore or East Indian £65 kg spot.  
**Witchhazel leaves:** Spot £2.40 kg; £2.30, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

# Coming events

## Monday, November 7

**East Metropolitan Branch, Pharmaceutical Society,** Churchill room, Wanstead library, Spratt Hall Road, Wanstead, at 8 pm. Mr W. J. Jarvis (senior representative, Ames Co) on "Diagnostic agents".

**Macclesfield Branch, Pharmaceutical Society,** Beehive Restaurant, Sunderland Street, Macclesfield, at 8 pm. Dr T. G. Booth on "Finance—Pharmacy or else?"

**Southampton Branch, Pharmaceutical Society,** Postgraduate medical centre, Southampton General Hospital, Tremona Road, at 8 pm. Mr M. D. Brining (financial executive, PSNC) on "Methods of calculating NHS payments".

**Stockport Branch, Pharmaceutical Society,** Ashton postgraduate medical centre, at 8 pm. Mr D. L. Lowe and Mr T. Harrison on "Three shires".

## Tuesday, November 8

**Brighton and Hove Branch, National Pharmaceutical Association,** Langford's Hotel, Third Avenue, Hove, at 8 pm. Meeting on "Display and profit".

**Galan Group, Croydon,** Friends' Meeting House, Park Lane, Croydon, at 8 pm. Holiday film show presented by Wallace Arnold.

**Enfield Pharmacists' Association,** Foresters Hall, Chase Side, Enfield, at 7.45 pm. Jubilee celebration; Elizabethan evening with traditional fare.

**Exeter Branch, National Pharmaceutical Association,** Mercury Staging Post, Kennford, at 8 pm. Mr T. P. Astill (deputy secretary, NPA) on "You, your workers and the law", followed by buffet supper.

**South-west Metropolitan Branch, Pharmaceutical Society,** Lecture theatre A, St George's Hospital medical school, Cranmer Terrace, Tooting, at 7.30 pm. Dr J. Cooper (medical advisor, Wellcome Foundation) on "Vaccines and sera".

## Wednesday, November 9

**Croydon Branch, Pharmaceutical Society,** Greyhound Hotel Croydon, at 8 pm. Annual dinner and dance. Principal guest speaker, Mrs E. Leigh (president, PSGB).

**Guild of Hospital Pharmacists;** presentation of MSD paper has been postponed. Details will be given when the new date is announced.

**Mid-glamorgan Branch, National Pharmaceutical Association,** New Inn, Pontypridd, at 7.45 pm. Mr A. J. Smith (chief executive, PSNC) on "The future of general practice pharmacy".

**West Metropolitan Branch, Pharmaceutical Society,** Great Western Royal Hotel, Paddington Station, at 7 pm. Dr T. G. Booth on "Management education and pharmacy practice".

## Thursday, November 10

**Glasgow and West of Scotland Branch, Pharmaceutical Society,** McCance building, University of Strathclyde, at 7.45 pm. Dr I. A. Macdougall on "Home dialysis care".

**Leeds Branch, Pharmaceutical Society,** Golden Lion Hotel, at 8 pm. Dr W. E. Court on "The search for plants that heal".  
**Swindon Branch, Pharmaceutical Society,** Room 4, Wyvern theatre, Swindon, at 8 pm. Mr M. Madge on "China with some aspects of pharmacy".

**Thames Valley Pharmacists' Association,** Winthrop House, at 8 pm. Dr D. Bailey on "The medicine man of West Africa".

## Westminster Report

## No intention to restrict types of drugs used

Listing the types of drugs that may be used in and out of hospitals would inhibit the independent judgment of doctors in prescribing, Mr Moyle, Minister of Health said in a written reply last week in the Commons to Mr Kenneth Lomas. He said that by making the British National Formulary available free to doctors the Department of Health sought to help doctors in their prescribing.

Mr Laurie Pavitt asked if the limit of six free drug samples, prevalent in other EEC countries, was now applied to the United Kingdom. Mr Moyle replied that there were no general EEC rules limiting the number of samples but there was a draft Directive on the advertising of proprietary medicinal products which included some restrictions on the supply of samples. Mr Moyle also said that under a recent agreement between the Department of Health and the pharmaceutical industry each individual sample would not exceed four days' treatment for one patient.

Asked by Mr Pavitt if he would take steps to warn doctors on the interaction between dextropropoxyphene and carbamazepine which might cause dizziness, nausea and headache, Mr Moyle replied that he was advised that these effects could be associated with the use of either drug alone and that data sheets contained the information for doctors. Mr Pavitt also asked what step the Secretary for Social Services was taking to monitor the prescribing of oral contraceptives to women over the age of 35, Mr Moyle replied that the use of oral contraceptives and possible risks would be kept under review by all concerned and special studies instituted whenever considered necessary.

□ The additional revenue from the increased prices of vitamin drops and tablets is estimated to be £16,300 for the part-year 1977-8 and £43,000 for 1978-9 said Mr Eric Deakins in a written reply to Mr Laurie Pavitt. (The House was sitting to finish the last session's business.)

## Guild publication available

The Guild of Hospital Pharmacists say that the first issue of its new publication "Proceedings of the Guild" is now available. The Proceedings contains details of professional and scientific papers presented at national meetings of the Guild and this first issue includes the MSD Award winning paper 1976, a Leo Award paper 1977, and papers presented at the one day conference held in Loughborough in May this year. Copies (£1 including postage) may be obtained from Mr T. Hanley, Administrative Assistant, ASTMS/GHP, 10-26A Jamestown Road, Camden Town, London NW1.





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